COMMITTEES

Health Committee:

Chairman:	Ald. William Parry.
Vice Chairman:	Ald. Mrs. C. Lloyd.
Members:	All members of the County Council, together with the Chairman and Vice-Chairman of each of the District Health Committees, and the following
Co-opted Members:	Mrs. R. I. Affleck, Wrexham, Mrs. Christopher Davies, Wrexham, Miss E. M. Evans, Ruthin, Mrs. W. A. Evans, Denbigh, Mrs. Llewelyn Hughes, Llangollen, Dr. Trevor Hughes, Ruthin, Mrs. Cyril O. Jones, Gresford, Mrs. May Jones, Wrexham.

Health Sub-Committee:

Chairman:	Ald. William Parry.
Members:	Ald. E. A. Cross, Ald. Mrs. C. Lloyd, Ald. Edward Williams, Coun. Florence Jones, Coun. Joseph Price, Coun. J. H. Williams.

District Committees:

Western No. 1:

Chairman: Coun. J. H. Williams.

Vice-Chairman: Coun. Mrs. G. M. Milwater.

Representation:

	Members
Abergele U.D.	2
Colwyn Bay Borough Local Health Authority	13
Hospital Management Committee	1
Executive Council ...	1
Co-opted Members ...	3
	— 26

Western No. 2:

Chairman: Coun. Dr. Aneuryn Evans.

Vice-Chairman: Ald. R. F. Watkins.

Representation:

	Members
Aled R.D.	5
Denbigh Borough ...	3
Hiraethog R D.	5
Llanrwst U.D.	2
Ruthin Borough	2
Ruthin R.D.	5
Local Health Authority	27
Hospital Management Committee	1
Executive Council ...	1
Co-opted Members ...	3
	— 54

Eastern No. 1:

Chairman: Coun. Tudor Williams.

Vice-Chairman: Coun. Peter George.

		Members	
Representation:	Ceiriog R.D.C.	5	
	Llangollen U.D.	2	
	Wrexham R.D.C. ...	26	
	Local Health Authority	40	
	Education Divisional Executive	2	
	Hospital Management Committee	1	
	Executive Council ...	1	
	Co-opted Members ...	3	
		—	80

Eastern No. 2:

Chairman: Ald. Cyril O. Jones.

Vice-Chairman: Coun. Eric McMahon.

		Members	
Representation:	Wrexham Borough Council	6	
	Local Health Authority	13	
	Education Divisional Executive	2	
	Hospital Management Committee	1	
	Executive Council ...	1	
	Co-opted Members ...	3	
		—	26

CONTENTS

FOREWORD

I have the honour to present my Second Annual Report on the Health Services in the County for the year 1951 and I am pleased to record that during the year under review progress has been made towards the fuller implementation of the National Health Service Act in Denbighshire.

In the body of the report the theme of accomplishment has been developed in detail under the appropriate headings and while I feel content with what has been achieved I am not oblivious to the way ahead. The functions of the Health Department are an integral part of the life of the community and the imperative need for their further expansion presses urgently, especially in view of the constantly growing demands upon the Hospital and General Practitioner Services, for this to me reflects the inadequacy of the Preventive Services.

Denbighshire has been handicapped in developing the various proposals under the National Health Service Act by the unfortunate necessity of having to appoint a new County Medical Officer of Health, as some time had to elapse before my knowledge of the County and its requirements permitted me to be in a position to advise. The past year has been one of intense activity, interesting and satisfactory. A period of time was needed for me to assimilate and assess local conditions, so that valuable opportunities of advancement have had to be deferred. Appreciating this, I have been possessed with a sense of urgency and impatience and it is only now, in retrospect, that I can sympathetically and fully value the merit of the excellent advice and guidance given to me by my Chairman and Vice-Chairman.

Having evaluated the situation I concluded that to utilise the staff fully and economically, it was essential to reorganise the Health Department, both centrally and at the periphery, if the requirements of the National Health Act were to be met. The implementation of the scheme under Section III of the Local Government Act, 1933, in May of 1951, afforded an excellent opportunity for adjustments, both in methods and allocation of responsibilities. Prior to this, well defined areas could not be allocated to particular Medical Officers, owing to the barrier of boundaries, so that the daily routes of Medical Officers to their work were unnecessarily interwoven and intermingled.

The resignation of the part-time Medical Officers of Health cast additional duties upon the whole-time Medical Officers of Health, resulting in a smaller proportion of time being devoted to County work by these Officers. Consequently, it became evident that at least one Assistant County Medical Officer would be required if the work was to be done satisfactorily, and approval was given to such an appointment.

In my opinion, a firm foundation for the future development of the Health Department has been completed and the continuing growth will not be so much of expansion but mainly of consolidation.

With regard to the health of the community generally, it is gratifying that mortality and morbidity were low and, except for a widespread epidemic of upper respiratory infection, which caused a few days malaise followed by debility, and increased the deaths amongst the aged and infants, there was nothing of significance to report. The various Health Services have contributed their share to this satisfactory outcome, but how much more could have been done if the full potential had been exercised?

Several of the services provided under the National Health Service Act are only a continuation of those previously established. The Midwifery and Home Nursing Services were transferred from the Voluntary Associations in 1948, and it was acknowledged that the Denbighshire Voluntary Association, with Ald. Mrs. Lloyd as Hon. Secretary, had rendered a most valuable contribution to the welfare of the community. The County was fortunate in absorbing a nursing staff with an established tradition, a situation which inherently proferred a challenge to the new administration The transfer was effected smoothly and the services were gradually moulded to meet new requirements.

The increased demands on the Home Nursing Service have more than compensated for the decrease in domiciliary midwifery. It is gratifying to report that these services have maintained a high standard of efficiency, due not only to the industry of the individual nurses but also to the guidance and supervision of the Superintendent Nursing Officer. Additional responsibilities have been placed on the Health Visitor but there has been little improvement in the staffing of this service. When discussing Infant Mortality, I have indicated the number of home visits to infants who died during the year and the number of home visits, in most, instances, were less than I considered desirable, but while the Health Visitor was so heavily committed, it was not

feasible to visit homes more frequently. Vaccination was made available to infants at the Child Welfare Clinics, but the response was not gratifying. A high percentage of infants were immunised against Diphtheria and I would emphasise that there were no Diphtheria deaths or notifications during 1951.

The Ambulance Service had to contend with increasing demands, but, by better co-ordination, it has been possible to prevent a corresponding increase in the mileage. An adjustment in the administrative control of the Sitting Case Cars resulted in about £2,000 less being spent than estimated for 1951. Further economies might accrue if all transport was under central control.

The duties of the Health Authority are, in the main, complementary to the functions of the Health Services, and consequently it is essential that there should be the closest possible co-operation. In Denbighshire this has been achieved, to some measure, through personal contact and attendance at Committees, but the prospects of complete co-operation are remote if wholly dependent on such methods. In the spheres of Mental Health, meetings between the Medical Superintendent of the North Wales Mental Hospital and the County Medical Officers of Health of the North Wales Counties have proved of inestimable value, resulting in a closer integration of services throughout the area than would otherwise have been possible.

During the year, the County Council considered and approved the Industrial Court Awards Nos. 2285 and 2321, and, on behalf of the medical staff, I would express gratification for courtesy and consideration. The various District Councils acted similarly towards their Medical Officers and it was particularly gratifying to note that two District Medical Officers were placed on the maximum of the salary range.

Throughout the year the Health Department has had the benefit of advice and assistance from the other Departments of the County Council and I would acknowledge my appreciation to the Chief Officers for their constant courtesy and co-operation. From the staff of my Department I have been given the loyal support which I have come to expect. Each, according to his responsibility, has given unstintingly, time and energy to ensure that the community should be served speedily, sympathetically and efficiently. My demands have been frequent and heavy, but never in vain; and without their

whole-hearted collaboration the continued improvement of the service could not have been maintained. I would thank all, and also those who have helped in the compilation of this report.

To emphasise by reiteration, I would acknowledge my appreciation to the Chairman, Alderman William Parry, and the Vice-Chairman, Alderman Mrs. Lloyd, for curbing my impatience and being for me a font of wisdom and inspiration, and, to the Members of the Committee, my gratitude for their encouragement and forebearance.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department,

16 Grosvenor Road,

WREXHAM.

November, 1952.

STAFF OF HEALTH DEPARTMENT

County Medical Officer:

Dr. M. T. Islwyn Jones, M.D., D.P.H.

Deputy County Medical Officer:

Dr. T. Kenrick Hughes, M.B., Ch.B., D.P.H.

County Obstetric Officer:

Mr. R. Owen Jones, F.R.C.S.

District Medical Officers of Health:

Western No. 1:

Dr. Wm. McKendrick, M.D., D.P.H.

Western No. 2:

Dr. M. Jones Roberts, M.B., Ch.B., D.P.H.

Eastern No. 1:

Dr. S. Ball, M.B., M.R.C.S., D.P.H.
(Resigned 31/10/51).

Eastern No. 2:

Dr. T. P. Edwards, M.D.(Lond.), D.P.H.

Assistant Medical Officers:

Dr. Sybil O. Edwards, M.B., Ch.B., D.P.H.

Dr. Audrey A. Shone, M.B., Ch.B.
(Commenced 24/9/51).

Chief Dental Officer:

Mr. D. Glen Thomson, L.D.S., R.C.S.(Eng.).

Assistant Dental Officers:

Mr. H. E. Fussell, L.D.S.

Mr. J. G. Roberts, L.D.S.

Mr. R. A. Rider (Resigned 31/5/51).

Superintendent Nursing Officer:

Miss W. M. Chune,
S.R.N., S.C.M., H.V., Queen's Nurse.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones,
S.R.N., S.C.M., H.V., Queen's Nurse.

Assistant Nursing Officer:

Miss F. V. Ramsay, S.R.N., S.C.M., H.V.
(Commenced 1/12/51).

Health Visitors:

Miss K. Jones; Miss E. A. Bodsworth; Miss M. D. Evans; Miss C. E. Davies; Miss M. E. Jones; Mrs. I. E. Garner; Mrs. E. G. Rees; Miss S. C. Evans; Miss E. A. Beech; Miss E. Griffiths; Mrs. E. Williams, Colwyn Bay; Mrs. E. H. Bradley; Miss A. C. M. Quinn; Mrs. A. E. Jones; Miss E. B. Jones; Miss A. Capper (T.B. Health Visitor—commenced 29/10/51); Miss C. J. Thomas (Retired 30/9/51).

District Nurses and Midwives:

Miss Anne Jones, Emergency Nurse; Miss A. W. Richards, Emergency Nurse; Mrs. E. M. Beattie, Holt; Mrs. A. B. Blackwell, Wrexham; Miss M. Cochrane, Denbigh; Mrs. N. Crump, Gwersyllt; Mrs. N. Cheney, Old Colwyn; Miss A. Davies, Trefnant; Miss E. Davies, Llansannan; Mrs. D. Edkins, Ruabon; Miss M. H. Edwards, Ruabon; Mrs. M. Jones, Cefn; Miss A. M. Elwood, Glan Conway; Mrs. G. M. Evans, Gwersyllt; Miss P. Hignett, Wrexham; Mrs. N. Holland, Clawddnewydd; Miss N. B. Holly, Llansilin; Mrs. D. G. Hughes, Glynceiriog; Miss A. E. Jones, Llysfaen; Miss M. J. Jones, Nantglyn; Miss E. G. Faulkner, Garth; Miss G. Llewelyn, Llanrwst; Mrs. E. A. Forrester Jones, Rhos (Retired 30/4/51); Miss A. M. Lloyd, Wrexham; Mrs. E. E. Lloyd, Brymbo; Mrs. M. E. Mansley, Wrexham; Miss M. MacLellan, Llay; Mrs. F. E. Manning, Brymbo; Miss M. A. Matthias, Gwersyllt; Mrs. L. Morris, Wrexham; Miss H. C. Munro, Clawddnewydd; Mrs. E. Parry, Brynteg; Mrs. O. Parry, Llay; Miss A. Penny, Pentrevoelas; Miss G. N. Pritchard, Old Colwyn; Mrs. O. Prodger, Johnstown; Miss Jones Roberts, Broughton; Mrs. E. Roberts, Llangollen; Miss K. Roberts, Dolwen; Miss E. Rothwell, Abergele; Miss A. Shaw, Colwyn Bay; Miss M. P. Smith, Ruthin; Mrs. M. Taylor, Rhostyllen; Mrs. E. M. Thomas, Wrexham; Miss S. M. Thomas, Abergele; Miss B. Tuite, Gresford; Miss M. M. Watson, Colwyn Bay; Miss L. Williams, Wrexham; Miss S. Williams, Bwlchgwyn; Mrs. G. M. M. Williams, Chirk; Mrs. M. Williams, Llangerniew; Miss M. Williams, Rhewl; Miss M. Williams, Rhos; Mrs. S. Clayton Williams, Rhos.

Dental Attendants:

Miss I. M. A. Lee; Mrs. M. Jarvis; Miss E. Bellis; Miss J. H. Sanderson.

Administrative Staff:

Senior Administrative Officer:

Mr. J. T. Pritchard (Died 24/11/51).

Deputy Senior Administrative Officer:

Mr. T. J. Davies.

Senior Section Clerks:

Mr. Gwilym Davies; Mr. J. E. Evans; Mr. Gerald Howard; Miss E. Hughes.

Clerks:

Miss D. G. Jones; Miss M. Whittaker; Mr. David Davies; Miss G. Hughes; Mr. Brian Davies (in H.M. Forces); Mr. H. Down; Mr. Wyn Jones; Miss Ann Cudworth; Miss M. Parry; Miss B. Richards (Borough of Wrexham); Mrs. P. G. Storrs (Borough of Colwyn Bay); Miss B. Thomas (Borough of Colwyn Bay).

ANNUAL REPORT FOR 1951

PART I

Statistics and Social Conditions of the County

Area of Administrative County	427,677 acres
Population (Census 1951)	170,699
Estimated Population Mid-year	170,400
Rateable Value	£879,727
Estimated Product of Penny Rate	£3,417

BIRTHS AND DEATHS.

Live Births.	M	F	Total
Legitimate	1266	1175	2441
Illegitimate	42	75	117
Total	1308	1250	2558

Birth Rate per 1,000 of the estimated population ... ... 15·0

	M	F	Total
Still-births	52	33	85

Still-birth Rate per 1,000 (live and still births) ... ... 33·1

	M	F	Total
Deaths	1254	1236	2490

Death Rate per 1,000 of the estimated population ... ... 14·6

Maternal Mortality (Deaths from pregnancy or child-birth)	4

Maternal Mortality Rate (deaths per 1,000 live and still-births) ... 1·5

Infant Mortality	M	F	Total
Deaths of Infants under 1 year	49	42	91
Deaths of Legitimate Infants under 1 year ...	48	38	86
Deaths of Illegitimate Infants under 1 year ...	1	4	5

Infant Mortality Rate ... ... 35·5

COMPARATIVE RATES.

Rate	Denbighshire	England and Wales
Birth Rate	15·0	15·5
Death Rate	14·6	12·5
Maternal Mortality Rate	1·5	
Infant Mortality Rate ...	35·5	29·6

BIRTHS AND BIRTH RATES.

2,558 births were registered during the year, as compared with 2,820 in 1950. This gives a birth-rate of 15·0 per 1,000 population, as compared with 16·6 in the previous year. The birth-rate for England and Wales was 15.5.

The following table gives the number of births, deaths and infant deaths for each of the past ten years:

TABLE I.

Year	Estimated Population	No. of Births	Birth-rate per 1000	No. of Deaths	Death-rate per 1000	No. of deaths under 1 year of age	Infant death-rate per 1000 births
1942	175850	2769	15.6	2014	11.4	154	55.6
1943	169250	2939	17.3	2167	12.8	143	48.6
1944	164630	2890	17.5	2033	12.3	128	44.2
1945	162390	2636	16.2	2168	13.4	160	60.0
1946	165020	2952	17.8	2177	13.1	130	44.0
1947	166430	3340	20.0	2227	13.3	145	43.4
1948	167493	3029	18.0	2024	12.0	116	38.2
1949	168452	2869	17.0	2195	13.0	116	40.4
1950	169686	2820	16.6	2253	13.2	121	42.9
1951	170400	2558	15.0	2490	14.6	91	35.5

An analysis of Tables I and II shows that in common with the remainder of England and Wales, the number of births and birth-rate within the County are declining. The immediate post-war years showed an appreciable rise but this was transitory, and since 1948 each successive year has witnessed a gradual decrease. Coincidental with this decline, which in part compensated for the lower birth-rate, there have also been fewer infant deaths and a diminution of the Infant Mortality Rate from 68·1 in 1941 to 35·5 in 1951.

It is noted in Table II that Colwyn Bay has the lowest birth-rate and the highest death-rate, in conformation with the age distribution of the population of this pleasant sea-side resort, to where many retire; while Wrexham, an industrial town, has a comparatively high birth-rate and a low death-rate. Comparison of the Rural and Urban areas confirm, to some extent, that the drift of the young reproductive age groups to the towns is still continuing.

TABLE II.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES ACCORDING TO DISTRICTS FOR 1951.

Districts.	Estimated Population	No. of Births	Birth-rate	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate
Western No. 1:							
Abergele	7327	114	15.5	3	26.3	118	16.1
Colwyn Bay	22340	222	9.9	7	31.5	451	20.1
Aled Rural	7139	103	14.4	5	48.5	89	12.4
Western No. 2:							
Denbigh Borough	8469	116	13.6	3	25.8	111	13.1
Llanrwst	2628	47	17.8	3	63 8	51	19.4
Ruthin Borough	3656	50	13.6	1	20.0	46	12.5
Hiraethog Rural	5073	73	14.3	Nil	Nil	84	16.5
Ruthin Rural	9652	154	15.9	4	25.9	119	12.3
Eastern No. 1:							
Wrexham Rural	62510	979	15.6	45	45.7	929	14.8
Ceiriog Rural	7496	124	16.5	5	40.3	88	11.7
Llangollen Urban	3170	54	17.0	Nil	Nil	46	14.5
Eastern No. 2:							
Wrexham Borough ...	30940	522	16.8	15	28.7	358	11.5
Total County ...	170400	2558	15.0	91	35.5	2490	14.6

MATERNAL MORTALITY.

Since 1941 the Maternal Mortality Rate has steadily decreased, being lowest for the County during 1948—a year when the number of births was above the average. Several factors have contributed to this appreciable reduction in maternal deaths, but the most important has been the reduction of deaths from infection, which have been markedly reduced since the introduction of the sulphonamides and, more recently, the antibiotics. The improvement in the standard of ante-natal care, the availability of specialist services and the organisation of "Flying Squads" to render emergency treatment to mothers in their homes, have contributed to the decrease in Maternal Mortality.

The following table shows the Maternal Mortality Rate in Denbighshire for the past ten years:

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Maternal Mortality	3.2	2.3	1.0	2.5	2.6	1.4	0.9	1.3	1.4	1.5

INFANT MORTALITY.

The Infant Mortality Rate of 35.5 is the lowest attained in Denbighshire and while this gives satisfaction to all concerned, it must not lead to complacency, and there is room for further improvement. It will be noted that 16 infants died from Pneumonia. All these cases occurred during the first quarter of 1951, while there was a widespread epidemic of respiratory infection. These might well have been considered to have been preventable deaths for, if parents had received and acted on advice on the prevention of cross infection, it is likely that the infants would have avoided this lethal infection. A scrutiny of the home conditions of these 16 infants suggested that in 13 cases facilities were available for adequate isolation of the infants, while, in three, home circumstances did not permit such a precaution.

In the Annual Report for 1950, I suggested that the number of Infant Deaths might be correlated to the number of Health Visitors in the area. The case load of each Health Visitor determines the number of visits to each home and the promptness of the first visit. Ideally, each baby should be visited by the Health Visitor on the 15th or 16th day and weekly thereafter until six months, and then three-monthly, and some significance may be gleaned from the following table:

TABLE III.

Age.	No. of Infant Deaths.	Actual No. of Visits.	Recommended Average No. of Routine Visits per Infant.	Recommended Total Visits.
2 - 4 weeks	1	2	2	2
1 - 4 months	19	49	5	95
4 - 6 months	12	38	7	84
6 - 12 months	18	111	10	180

TABLE IV.
CAUSES OF INFANT DEATHS, 1951.

Disease	Males	Females
Measles	—	1
Meningococcal Infection	1	—
Respiratory Diseases, T.B. ...	—	1
Bronchitis	2	2
Pneumonia	12	4
Gastritis, Enteritis and Diarrhoea	1	—
Influenza	1	—
Whooping Cough	1	1
Congenital Malformation, Birth Injuries and Infant Diseases	6	10
All Other Accidents	—	2
Other Defined and Ill-defined Diseases	22	21
Other Infective and Parasitic Diseases	—	1
Other Diseases of the Respiratory System.	2	—
Totals	48	43

CHIEF CAUSES OF DEATH.

The principal causes of death are shown in the following table:

TABLE V.

Causes of Death.	1950 No. of deaths.	1950 Per cent. of total deaths.	1951 No. of deaths.	1951 Per cent. of total deaths.
Heart Disease	723	32.0	810	32.5
Cancer	328	14.5	334	13.4
Vascular lesions of nervous system	323	14.3	377	15.1
Pneumonia	63	2.7	63	2.5
Tuberculosis (all forms)	59	2.6	41	1.6
Bronchitis	119	5.2	148	5.9
Nephritis	43	1.9	44	1.7
Other circulatory diseases	76	3.3	69	2.7
Other defined and ill-defined diseases	248	11.0	243	9.7

HEART DISEASE.

Heart Disease continues to be the principal cause of death. 810 were registered in 1951 as compared with 723 in 1950. This shows a percentage 32·5 of the total deaths from all causes and is equivalent to a death rate of 4.7 per 1,000 of the estimated population.

Of this figure of 810 total deaths due to Heart Disease, 662 (or 81·7 per cent) occurred amongst persons of 65 years or over.

The following table analyses the deaths from Heart Disease at various age periods for the past five years:

TABLE VI.

Year	All ages	0—5	5—15	15—45	45—65	65 and upwards
1947	614	—	—	21	116	477
1948	569	—	—	8	95	466
1949	667	—	4	16	117	530
1950	723	—	1	28	119	575
1951	810	—	—	18	130	662

CANCER.

Cancer accounted for 334 deaths during the year, as compared with 328 in 1950.

The following table gives the number of deaths from Cancer, together with the death rates in the Administrative County for the past ten years:

TABLE VII.

Year.	No. of Deaths.	Death-rate per 1000 population.
1942	281	1.5
1943	318	1.8
1944	314	1.8
1945	345	2.2
1946	343	2.0
1947	344	2.0
1948	361	2.1
1949	347	2.0
1950	328	1.9
1951	334	1.9

The following table gives the death rates from all causes of Cancer according to Sanitary Districts:

TABLE VIII. CANCER.

District.	Deaths.			Rate per 1000 population.
	Males.	Females.	Total.	
Western No. 1.				
Abergele	20	7	27	3.6
Colwyn Bay	32	36	68	3.0
Aled	5	3	8	1.1
Western No. 2.				
Denbigh	7	6	13	1.5
Llanrwst	4	1	5	1.9
Ruthin B.	5	5	10	2.7
Hiraethog	5	7	12	2.3
Ruthin R.	8	10	18	1.8
Eastern No. 1.				
Wrexham R. ...	56	51	107	1.7
Ceiriog	8	2	10	1.3
Llangollen	3	1	4	1.2
Eastern No. 2.				
Wrexham B. ...	25	27	52	1.6
	178	156	334	1.9

TABLE IX.

CANCER—AGE AND SEX DISTRIBUTION.

Age Groups.	Males.	Females.	Total.
Under 1 year	—	—	—
1 - 5 years	2	—	2
5 - 15 years	1	—	1
15 - 25 years	2	—	2
25 - 45 years	6	10	16
45 - 65 years	59	57	116
65 years and upwards	108	89	197
Totals	178	156	334

ACCIDENTS.

TABLE X.

Deaths from Vehicular and Other Accidents.

Age and Sex Distribution.

Age Group.	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0 - 1 year	—	—	—	—	2	2
1 - 5 years	—	—	—	1	—	1
5 - 15 years	1	—	1	1	—	1
15 - 25 years	2	—	2	2	—	2
25 - 45 years	4	—	4	5	—	5
45 - 65 years	5	—	5	7	3	10
65 - 75 years	2	3	5	7	1	8
75 years and upwards	—	—	—	5	10	15
	14	3	17	28	16	44

The constantly increasing numbers and speed of vehicles on the roads contribute to the high number of deaths due to vehicle accidents. These sudden fatalities continue to occur despite strenuous efforts in Road Safety Campaigns, but there is some consolation in noting that only three deaths occurred under the age of 25 years, while the total for this age group in England and Wales was 1,101.

Deaths classified as due to other accidents include a wide variety of accidents—while at work, home or leisure. From a total of 44 deaths in this group, 38 were over the age of 25 years, the majority being men in the productive period from 25 - 60 years, while females seem to become prone to fatal accidents after the age of 75 years. Eleven persons were killed at work, mainly in the heavy industries, but twenty

accidents occurred in the home, of which there were nine males and eleven females. The injury most frequently sustained was fracture of the femur, resulting from a fall either down the stairs or on slippery floors. This type of accident occurs amongst the older age groups and would indicate the need for special provisions in the planning of housing accommodation for the elderly. Some of the District Medical Officers of Health in this County have interested themselves in the Prevention of Accidents and, when scrutinising plans of new houses, endeavour to ensure that this viewpoint is considered. Fractures are more liable to occur in the elderly for a variety of reasons, but preventive measures to minimise such risks include attention to adequate lighting, hand rails on stairs, the avoidance of loose floor coverings, highly polished floors, the selection of furniture which is not easily put off balance, and, probably most important of all, the wearing of suitable footwear. Many old people are shod in slippers or shoes that provide only a precarious foothold. In some instances this occurs because of painful foot conditions, which, if properly treated, would be quickly cured, permitting the person to wear satisfactory footwear. Elderly people sometimes cannot devote the necessary attention to their feet, and, in due course, it becomes necessary to wear footwear which is too big, cumbersome and treacherous. If a Chiropody Service was provided for these people, many painful foot conditions could be prevented and consequently the old people could be properly shod.

Many accidents, while not terminating fatally, often maim, deform or handicap, but no information is available to assess the morbidity so caused. The importance of such injuries, not only to the injured person, but to the economy of the country, is apt to be overlooked. Particularly is this so in the case of children. The deformed limb, the loss of sight of one eye, or hearing, scarring of the face or other sequelae, either as a result of disease or accident, seriously influence the future development of the child. Parents should

guard their children against the risk of injury whether at school or at play. Some toy may, in the hands of a child, become a dangerous weapon, and I have attended to wounds so caused.

After seeing a young boy who had nearly lost the sight of an eye following the explosion of a firework, I decided to communicate with the General Practitioners in the County to ascertain the number of such accidents that had been sufficiently severe to require medical attention.

Pyrotechnic accidents become prevalent around the 5th November, and accidents of varying severity are reported in the press. About a week after this date, all the doctors in the County were requested to complete a brief questionnaire and all except seven were returned duly completed. I would express my grateful appreciation for such an excellent response in completing yet another return for the County Medical Officer of Health.

There were fifteen children in the County who had received injuries necessitating medical attention. Mainly they were burns of hands, face, eyelids and legs, but there were wounds of fingers, hands, eyelids, iris and eye. These were mainly classified as of moderate severity, but at least two were severe, and, of these, one resulted in the loss of the sight of an eye. Fortunately, in 1951, there was not much serious injury but it is evident that fireworks must be handled with circumspection and parents should supervise with care the annual bonfire and fireworks. A few of the doctors expressed the opinion that propaganda on the wireless and stricter parental control of bonfires had appreciably decreased the numbers of accidents due to fireworks.

CAUSES OF DEATHS, 1951.

TABLE XI.

The following Tables give the causes of death and distribution according to districts.

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	Totals
Tuberculosis respiratory	4	1	...	3	5	1	...	...	1	3	8	10	36
Tuberculosis Other	...	...	...	...	...	...	...	...	...	1	2	2	5
Syphilitic disease	...	...	...	...	...	...	...	...	...	...	1	2	3
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	...		...	...	2	1	4
Meningococcal infections	...	...	...	...	...	...	...	...	...	...	...	1	1
Acute Poliomyelitis	...	...	...	..	...	...	...	...	..	...	...	2	2
Measles	...	...	...	...		...	...	1	...	...	...	...	1
Other Infective and Parasitic Diseases	...	1	...	1	...	...	...	...	...	1	3	1	7
Malignant Neoplasm —Stomach	4	...	3	10	4	3	...	3	3	4	12	26	72
Malignant Neoplasm —Lung, Bronchus	6	2	...	6	...	...	1	...	...	...	2	11	28
Malignant Neoplasm —Breast	1	1	1	6	1	1	...	...	1	2	4	9	27
Malignant Neoplasm —Uterus	...	...	...	4	...	2	...	...	2	1	3	5	17
Other Malignant and Lymphatic Neoplasms	16	5	6	42	8	6	3	2	4	11	31	56	190
Leukaemia, Aleukaemia		...	...	2	...	...	...	1	...	...	...	5	8
Diabetes	...	...	...	5	2	...	...	...	...	3	1	4	15
Vascular lesions of nervous system	19	13	12	89	14	15	6	8	6	20	49	126	377
Coronary disease, angina	14	19	7	57	11	5	4	8	2	8	31	86	252
Hypertension with Heart Disease	...	3	...	12	5	5	3	2	1	3	10	23	67
Other Heart Disease	13	13	25	93	33	20	8	18	7	13	59	189	491
Other Circulatory Disease	10	4	2	19	...	3	...	1	1	5	9	15	69
Influenza	6	9	6	16	2	5	4	3	4	10	13	53	131
Pneumonia	2	2	1	9	...	...	1	...	...	4	31	23	63
Bronchitis	4	3	1	14	6	4	6	...	2	3	25	80	148
Other diseases of Respiratory System	...	...	1	1	...	2	...	1	4	2	4	19	34
Ulcer of Stomach, Duodenum	...	...	1	1	2	2	...	...	...	2	3	4	15
Gastritis, Enteritis and Diarrhoea		...	...	4	1	...	...	...	...	1	5	2	13

(Table continued overleaf).

Table XI Causes of Deaths, 1951—continued.

Causes.	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro'	Denbigh Boro'	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro'	Ruthin Rural	Wrexham Boro'	Wrexham Rural	Totals
Nephritis and Nephrosis	2	1	2	5	8	3	...	1	...	1	5	16	44
Hyperplasia of Prostate	2	...	4	6	3	...	...	...	...	1	5	4	25
Pregnancy childbirth, abortion	...	...	...	1	...	...	...	...	...	1	...	2	4
Congenital malformations	3	2	1	1	1	...	...	...	1	1	...	16	26
Other defined and ill-defined diseases	9	8	9	33	5	6	7	2	6	13	36	109	243
Motor vehicle accidents	1	1	1	3	...	...	1	...	...	4	5	1	17
All other accidents	1	...	4	7	...	...	...	...	1	...	7	24	44
Suicide	1	1	1	1	...	...	2	...	...	1	2	2	11
Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes	118	89	88	451	111	84	46	51	46	119	358	929	2490

TABLE XII.

The percentages of deaths at different age periods are given below:

Age Periods.	No. of Deaths M.	F.	T.	Percentage of Total Deaths
0 - 1 years	48	43	91	3.6
1 - 5 years	9	5	14	.5
5 - 15 years	6	3	9	.3
15 - 25 years	16	11	27	1.0
25 - 45 years	50	44	94	3.7
45 - 65 years	292	215	507	20.3
65 - 75 years	364	310	674	27.0
75 years & upwards	469	605	1074	43.1

PART II.

Administration

The legislation introduced since the war greatly altered the functions of the Health Authority and some time had to elapse before the full portent of the National Health Service Act, 1946, in particular, could be assessed. After about two years, it was generally conceded that the trial period for the practical application of the planned Social Security was terminating and that the time was rapidly approaching for a critical analysis of the situation. My appointment to Denbighshire coincided with this period and inevitably a review of the services provided by the Health Authorty had to be postponed.

Shortly after commencing it became manifest to me that the considerable increase in the volume of clerical work in the Department, resulting from recent legislation, could not possibly be executed satisfactorily by the attenuated staff employed at that time. Not only was the number less than the permitted establishment, but the staff was comprised of too high a proportion of untrained juniors. The position was rectified after review by the Staff and Establishment Committee and subsequently, for a brief period, the clerical staff was numerically at full strength, but as this was achieved by the recruitment of more untrained juniors, there was no immediate improvement in the quality or quantity of the work. At this time the health of the Chief Administrative Officer deteriorated, eventually necessitating admission to hospital, where, after a few days, he suddenly died on 24th November, 1951. Mr. J. T. Pritchard had rendered valuable services to Denbighshire for over 40 years. Such a sad and unexpected blow was a severe shock to the Department and particularly to me, as I had found his wide and intimate knowledge of the County invaluable, especially in the early stages of my appointment.

Despite these vicissitudes, many administrative procedures, within the Department, have been brought abreast

of recent trends. One important change involved the division of the Department's clerical staff into well defined Sections, each headed by a Senior Clerk. Specific duties were allocated within the Section to individual clerks so that a chain of responsibility was forged, from the most junior to the head of the Department, each member being answerable for the work according to his position. The trust reposing on each individual has a dual benefit in that esprit-de-corps is engendered and failure or excellence can be discerned more easily.

With the increased staff, additional office accommodation was imperative and to obtain this the various clinics held in No. 16 Grosvenor Road were transferred to No. 1 Grosvenor Road. This manoeuvre ensured several benefits—reasonably commodious office accommodation and working conditions for the staff, avoidance of duplication of equipment, greater utilisation of the clinic premises and a complete divorcing of administrative and clinic premises, resulting in less confusion for the public and re-direction by members of the staff. The vacated clinic rooms at 16 Grosvenor Road will require re-adaptation before they can be used satisfactorily for offices. I trust that this work will be completed expeditiously so that the re-organisation programme, depending on the availability of these offices, will not be unduly delayed. Simultaneously with these readjustments at the Central Office, the various District Health Authorities in the County were considering the appointment of whole-time Medical Officers of Health. Agreement was reached and the scheme, prepared under Section III of the local Government Act, 1933, was implemented.

The County has been divided into four districts, each with a whole-time Medical Officer of Health, who also devotes a proportion of his time to the work of the County Council. The part-time Medical Officers of Health terminated their appointments on the 30th April, 1951, and I would acknowledge my appreciation to them for their keen interest and also for their continued support. It would appear that their sojourn in the Public Health Service has given them a deeper insight into the problems and scope of preventive medicine than some of their less fortunate colleagues. The Authorities comprising the four districts are:

District.	Authorities.	Medical Officer of Health.
Western No. 1	Colwyn Bay Abergele Aled	Dr. W. McKendrick
Western No. 2	Denbigh Hiraethog Llanrwst Ruthin Borough Ruthin Rural	Dr. M. Jones Roberts
Eastern No. 1	Ceiriog Llangollen Wrexham Rural	Dr. T. Kenrick Hughes
Eastern No. 2	Wrexham Borough	Dr. T. P. Edwards

Dr. W. McKendrick was appointed Medical Officer of Health to the Borough of Colwyn Bay in 1925, and subsequently had been Medical Officer of Health, either in a permanent or temporary capacity, to the other Authorities in the district, so that the launching of the scheme merely consolidated his position.

Dr. Jones Roberts commenced duties as Medical Officer of Health to Western No. 2 on May 1st. 1951. Previously, she had been Assistant County Medical Officer responsible for County duties, mainly within the area of Western No. 2 District. Consequently, she was well acquainted with the geography and some of the problems of the district. Being a newly formed district, Dr. Jones Roberts had to establish de novo the entire administrative organisation of the district. No clerical or office accommodation was provided, so that, in the initial stages, the task was tedious and unnecessarily onerous.

Dr. Stanley Ball commenced duties as Medical Officer of Health to Eastern No. 1 on the 9th April and resigned on the 31st October, 1951.

Dr. Kenrick Hughes, on the departure of Dr. Ball, undertook the duties of the post and later he was appointed Medical Officer of Health to the district. Having been Deputy County Medical Officer he had an intimate knowledge of this part of the County.

Dr. T. P. Edwards, previous to his retirement, was Medical Officer of Health to Wrexham Borough and Wrexham

Rural District Council. When the scheme was initiated, Dr. Edwards relinquished both posts but was re-appointed as Medical Officer of Health to the Borough of Wrexham on a temporary basis.

Assistant County Medical Officer.

The post of Assistant County Medical Officer, vacated by Dr. Jones Roberts on her appointment as Medical Officer of Health to Western District No. 2, was filled in September, 1951, by Dr. A. A. Shone, who had previously had a temporary appointment in Flintshire. This partly eased the pressure on the medical staff, especially as Dr. Shone devoted herself wholeheartedly to her duties and quickly overcame the initial problems invariably associated with a new post.

With increasing vociferous requests for additional clinics and other services it was apparent that the medical staff available could not cope with more demands upon their services. I, therefore, reported accordingly and approval was given to the appointment of an additional Assistant County Medical Officer.

Home Help Organiser.

Initially, this rapidly developing service had been administered by the Superintendent Nursing Officer and her Deputy, but a stage was reached where it was evident that the Home Help Service demanded the full attention of one person if it was to continue to expand.

The qualifications and experience deemed desirable for a Home Help Organiser were carefully analysed and discussed at Committee. As a distinct medical emphasis had been implanted on the development of this Service, it was decided that, if this was to be maintained, the Organiser should have a medical background, together with a strong inclination to social work. Having accepted this criterion it was resolved to appoint a Health Visitor to this post. Miss V. Ramsay, previously Health Visitor in the Borough of Wrexham, was selected and commenced duty on December 1st, 1951.

Tuberculosis Visitor.

According to the proposals submitted to the Ministry of Health by this Authority, two whole-time Tuberculosis Visitors should be employed. The two vacancies were advertised and one appointment made—Miss A. Capper, who commenced duties on the 1st December, 1951.

PART III.

General Provision of Health Services

CARE OF MOTHERS AND YOUNG CHILDREN.

In 1935, Denbighshire wisely resolved to appoint a County Obstetric Officer to plan and develop the Maternity Services on sound and progressive lines. The foresight and desire of the Council of that time was not confined to ideas and conceptions, for they proceeded to appoint an officer in the person of Mr. R. Owen Jones, whose keenness and professional merit has not only earned for himself respect and veneration from the public, as well as the warm regard and complete trust of his colleagues, but also ensured a recognition of the high standard of efficiency of the Maternity Services provided by the County. With the introduction of the National Health Service Act, the Maternity Homes provided under the aegis of the County Council, together with the services of Mr. Owen Jones, were transferred to the Regional Hospital Board, but fortunately a proportion of his time was retained for duty in the County Ante-natal Clinics. This foresight, undoubtedly, is one of the main contributory reasons for the continued high attendances at the County's Ante-natal Clinics. As indicated in my previous Annual Report, the dual appointment of Mr. Owen Jones has assured the closest possible co-operation and co-ordination of the Maternity Services in Denbighshire.

One of the imponderable problems of the National Health Service is the great increase in hospital confinements. Balanced arguments can be propounded in favour of, or against domiciliary or hospital confinements but it is evident that whilst statutory provisions favour one rather than the other, then more and more mothers will be delivered in hospital. To me, one of the misfortunes of the National Health Service Act is the division of responsibility for Maternity

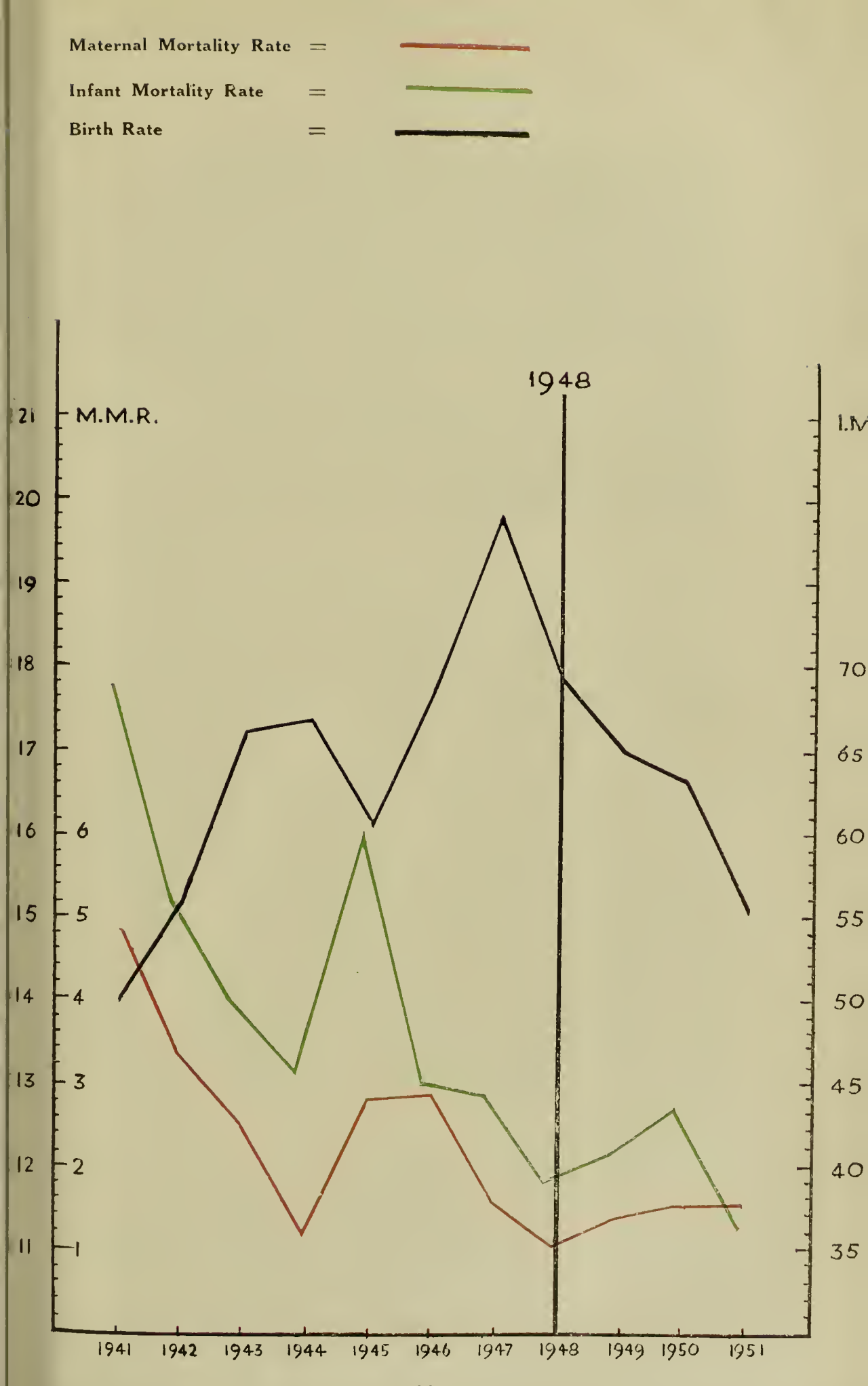
Services. I would not expatiate on which Authority is the most suited for this responsibility, but, while three different administrations continue to be involved in the provision of the service, a diversity of opinion and policy will persist.

The Ministry of Health has given guidance on the type of case which should be admitted for hospital confinement. As a general rule it is accepted that mothers should be admitted for medical reasons or who have complicated pregnancies, but I view with disquietude the inclusion of primparae in this category, for if all mothers are to be delivered of their first baby in hospital, it is unlikely that they will willingly agree to having their second baby at home, even though the home environment may be entirely suitable.

It is only in the admission of normal pregnancies that opinions are at variance, and for assessment purposes this group only should be analysed, but unfortunately this is not strictly possible. Factors having an important bearing on domiciliary or hospital confinement, such as the psychological effects on the mother and the family unit, breast feeding and mother/child relationship, cannot be accurately evaluated and are a matter of subjective conclusions, but statistical data can give objective guidance. The only readily available figures at my disposal are the Maternal Mortality Rate, Infant Mortality Rate and the Birth Rate for the County for the past ten years. These are presented in the form of a graph showing vividly the course of events from 1941 to 1951.

Since 1941, the Maternal Mortality Rate in Denbighshire has steadily declined, being lowest in 1944 and 1948, and, similarly, the Infant Mortality Rate, which was lowest in 1948 and 1951. These trends must be considered in conjunction with the Birth Rate, which was highest in 1947 and has been decreasing since that year. As previously intimated, 1948 witnessed the changes legislated for in the National Health Service Act, 1946, but the courses of the graphs have not been significantly altered by these events.

Having posed the question, I can only admit my inability to provide an answer, but would emphasise that I am far from convinced that the present trend of increasing numbers of mothers being confined in hospital will fundamentally benefit either the mother and child, or the family and community.


Maternal Mortality Rate =
Infant Mortality Rate =
Birth Rate =
1948
M.M.R.
I.M
21
20
19
18
17
16
15
14
13
12
11
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5
4
3
2
1
70
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60
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50
45
40
35
1941
1942
1943
1944
1945
1946
1947
1948
1949
1950
1951

Puerperal Pyrexia and Ophthalmia Neonatorum.

With regard to the notifications of Puerperal Pyrexia and Ophthalmia Neonatorum, I cannot accept the figures implicitly. The advent of Sulphonamides and, recently, the Antibiotics, has given the doctor useful adjuncts to combat these infections, so that notifications seldom become necessary if these are promptly given. Consequently, I would suggest that the hypodermic in this instance is mightier than the pen. However, eye infections in newborn infants, while responding well to Antibiotics, are inclined to relapse unless the treatment is thorough and sufficiently prolonged, and once having relapsed there is a tendency to chronicity and resistance to treatment.

Ante and Post Natal Services.

As previously intimated, the clerical staff employed on Maternity and Child Welfare were absorbed into one Section or Group, under the supervision of a Senior Clerk. Such an arrangement concentrates documentation into the one office and ensures a close co-operation, as well as a greater degree of specialisation amongst the staff. The routine work is better co-ordinated and duplication is avoided, and full economic use is made of all equipment and material.

The Ante and Post Natal Clinics in charge of Mr. Owen Jones and Dr. C. F. Lucas, have been well attended, but there has been a decline in some of the clinics at which other Medical Officers attended. This can be accounted for by the fact that Mr. Owen Jones' clinics are considered consultative, while those attended by other Medical Officers emphasise educational aspects rather than clinical. These functions are complementary, and both contribute to the medical and psychological approach of the mother to her confinement. It is regretted that this view-point is not more universally accepted amongst the profession and the public, for it is at these educational sessions that time is devoted to instructing the mothers in the application of the advice given by the Obstetrician. The peaceful, harmonious anticipation of a labour goes far to making sure that at the confinement, the full co-operation of the mother will be obtained actively and sub-consciously.

General advice on all health matters is given by the Clinic staff, and subjects for discussion include:

Diet—The free supply of vitamins by the Ministry of Food is far from being fully taken.

Exercises—The majority of mothers exercise while doing housework, but this does not necessarily strengthen the groups of muscles that are called into action during labour. Specially evolved exercises ensure that appropriate muscles are strengthened, and so assist parturition.

Care of the Breasts—Adequate attention to the breasts during the ante-natal period assists in ensuring that the baby will be breast fed.

These are but a few of the subjects discussed, explained and demonstrated at the Ante-natal Clinics. It is disheartening that the advice and knowledge of a highly specialised team of doctor, health visitor and midwife are not fully utilised. My disappointment in this respect is compensated for by re-assurance from Mr. R. Owen Jones, who reports as follows:

Obstetric Service, 1951.

Clinics.

Clinic	New Cases	Re-examinations
Denbigh	102	256
Ruthin	21	60
Llanrwst	30	77
Cerrigydruidion ...	19	46
Rhos	138	671
Cefn	155	538
Llangollen	72	240
Wrexham	835	2950
Colwyn Bay	99	528
Abergele	40	73
	1511	5439
Total number of examinations		6950

"It is again of interest to note the proportion of confinements at home to confinements in Institutions, viz.:

Total Births	2,643
Domiciliary	609
Institutional	2,034

Births at the various Hospitals were as follows:

Trevalyn	921
Denbigh Infirmary	242
Ruthin Institution	74
Colwyn Bay	367
Croesnewydd	330
Chirk	115
Llangollen	62

It has, in the past, been generally accepted that the following classes of expectant mothers should be advised to have their confinements in hospital:

(1) Women expecting their first confinement and medical indications, i.e., any anticipated or existing abnormality;

(2) Where the home surroundings were unsuitable;

(3) Multiparity—usually understood to refer to women having had six confinements or more.

Recently, a directive has been received that women with more than four pregnancies should be admitted.

By selection of "bad risk" cases for hospital delivery, it is possible to reduce the foreseeable still-births greatly. The Neo-natal loss should also be less now that the services of a Paediatrician are available. But complications, such as prolapsed cord and mal-presentation, still occur quite unexpectedly and can be dealt with more effectively if the patient is in hospital.

The risks of child-birth are often more dependent on the health, physique and age of the mother than upon the attendant, since, under ideal conditions, most confinements should be normal.

Efforts are made at the Ante-natal Clinics to keep a reasonable balance between hospital and home confinements.

Maternal Deaths.

There were four maternal deaths—two in the Wrexham area, one in Colwyn Bay, and one in the Ruthin area.

One died of heart disease, the pregnancy being incidental. The cause of death in two others was stated to be pulmonary embolus. The fourth case died of cerebral haemorrhage with eclampsia. It will be noted that neither of the two main causes of maternal deaths—haemorrhage and infection—were responsible. In recent years these two causes have become less evident, mainly due to replacement transfusions and infusions and to antibiotics and chemotherapy. We have in the Wrexham area an Emergency Obstetric Service, based on Trevalyn, capable of giving resuscitation treatment to a domiciliary case. Each hospital in the area has, at hand, replacement supplies such as Dextran and blood, if indicated, for infusion in shock and haemorrhage cases.

No doubt, when the Clwyd area becomes organised, there will also be an Emergency Obstetric Service available in that area."

CHILD WELFARE.

Notification of Births.

In accordance with statutory requirements 2,558 live and 85 still-births were notified during the current year. A list of notifications received is despatched at the end of the week to the Registrar of Births.

Child Welfare Clinics.

The Boroughs of Colwyn Bay and Wrexham, prior to 1948, were Maternity and Child Welfare Authorities, but at the Appointed Day the County Council became responsible for these services throughout the Administrative Area; but control was not completely divorced from local interest for the Maternity and Child Welfare Service within the boundaries of each district came under the purview of the newly formed District Committees.

These District Committees are composed of representatives from each constituent Authority comprising the district, together with County Council members. The executive powers of these Committees are somewhat limited, but the meetings afford opportunities for local difficulties and problems to be discussed, which influence and guide the deliberations of the Health Committee.

Despite the changed administration, the Medical Officers of Health of the Boroughs have preserved their keen interest and personal pride in the achievements of the Service in their areas, which, together with harmonious co-operation, has guaranteed a continuance of established policy on a broader basis.

Except in a few of the Urban areas, most of the Clinics are held fortnightly, but greater benefits can be garnered from this work from weekly sessions. Most mothers encounter, with alarm, the numerous minor crises of early infancy, and the Clinic provides a haven for many. The consultation, followed by reassurance, advice and instruction, completely relieves the tense, worried mother, which, by itself, pacifies the irritable infant. With weekly Clinics the majority of mothers feel that most of these difficulties can wait until the next Clinic day, and consequently come to rely on the systematic advice of the Baby Clinic, but if the interval is a fortnight, it is only to be expected that such problems are referred elsewhere. Subsequently, less and less confidence is placed in the ability of the Clinic to assist in such dire circumstances.

A few additional weekly Clinics have been introduced, and I hope that, in due course, the majority of the Clinics throughout the County will be on this basis.

At all the Child Welfare Clinics, a Medical Officer, a Health Visitor and a District Nurse/Midwife attend, and are assisted by a very enthusiastic band of voluntary workers. The concept that health is not gratuitous, but must be striven for, and that prevention is better than cure, is the main theme pervading all the activities of the Child Welfare Clinic. Each milestone in the child's development is carefully anticipated and closely observed. Advice is given on precautions against the risks of ill-health. Immunisation and vaccination are encouraged and given. Any abnormality or disease discovered during routine examination is referred for treatment or investigation; in the first instance to the child's own medical practitioner and, after consultation, if considered necessary, to the Specialist.

In some parts of the County I have detected a very favourable development in this respect, and one which should be fostered. The Child Welfare Clinic, with its specialised staff, can function as a half-way house between general practitioner and paediatrician. So many conditions causing alarm in infancy are merely a deviation from normal health and are not in their early stages pathological; but a

good mother notices the symptons and seeks advice. The Clinic can assist in such instances with a reliable second medical opinion and the continuous supervision, intelligent observation and practical nursing knowledge of the Health Visitor. This arrangement can function in the reverse order for children who have been treated by the Paediatrician, and whose complete recovery can be expedited by further surveillance. As I have stated, this sort of development is occurring, and, with enlightened co-operation, this combination may yet be the best solution to child care. So much depends on the Clinical acumen, ability and integrity of the Clinic staff, that it is impossible to generalise, but with the right staff combining whole-heartedly with the other services, it undoubtedly provides a very effective intermediary between General Practitioner and Hospital Service.

During the year, Dr. E. G. G. Roberts commenced duties as Consultant Paediatrician to the Wrexham, Powys and Mawddach Hospital Management Committee. The Western end of the County was already attended to by Dr. W. Griffith, Consultant Paediatrician to the Caernarvonshire and Anglesey Hospital Management Committee.

A close liaison can now be maintained with the Paediatric Departments of the Hospitals. The Paediatric Club at Bangor affords opportunities for all workers in this field to meet, have an interchange of views, and attend lectures on various facets of paediatrics.

In the Wrexham area, Dr. E. G. G. Roberts has lectured and arranged for others to lecture to representative gatherings of all interested in Child Health. Professor Watkins, the Advisor in Paediatrics to the Welsh Regional Hospital Board, addressed such a meeting on "The Care of the Premature Infant." His discourse, on the progressive methods introduced at his instigation to the Cardiff Hospital, was especially stimulating to the members of the Health Department, particularly as the specially trained Health Visitor was detailed to participate in the domiciliary care of premature infants.

Child Welfare Centres established in the County are listed on page 40. The following Table summarises the attendances:

Age	Total number of attendances	Total number of first attendances
0 - 1 year	21,227	2,268
1 - 5 years	12,694	798

TABLE XIII. MATERNITY & CHILD WELFARE

The following table furnishes information for 1951 with regard to the Maternity and Child Welfare Centres established in the County

Address		Whether Sessions are held weekly, fortnightly or monthly.	Day and Time of Meeting	Average attendance per session (Children).	Number of Children who attended for the first time. Under 1 year	Over 1 year	Present arrangements for Medical Supervision
Rossett,	Men's Institute	Fortnightly	Monday a.m.	18	28	3	Assistant
Southsea,	Church Institute	,,	Monday a.m.	41	72	66	Med. Officer
Coedpoeth,	Penygelli Schools	,,	Monday p.m.	50	119	91	,,
Llay,	County Clinic	,,	Monday p.m.	47	75	9	,,
Glan C'way,	Church Institute	,,	Monday p.m.	38	27	—	,,
Llanddulas,	C.M. Chapel	,,	Monday p.m.	9	12	3	,,
Cefn,	County Clinic	Weekly	Monday p.m.	29	137	36	,,
Brymbo,	Council School	Fortnightly	Tuesday a.m.	23	27	11	,,
Broughton,	Church Hall	,,	Tuesday p.m.	23	57	10	,,
Ruthin,	Baptist Chapel	,,	Tues., a.m., p.m.	60	106	161	,,
Glynceiriog,	Ceiriog Institute	,,	Tuesday p.m.	7	24	29	,,
Llanrwst,	County Clinic	,,	Tuesday a.m.	53	70	1	,,
Llangollen,	Welfare House	,,	Wednesday p.m.	16	51	—	,,
Rhosrobin,	County Clinic	,,	Wednesday a.m.	32	50	9	,,
Rhostyllen,	Council School	,,	Wednesday a.m.	29	40	9	,,
Denbigh,	County Clinic	,,	Wednesday p.m.	57	130	23	,,
Rhos,	Plas-yn-Rhos Cty. Clinic	Weekly	Wednesday p.m.	50	273	109	,,
Abergele,	Church House	Fortnightly	Thursday p.m.	37	67	7	,,
Chirk,	Drill Hall	,,	Thursday p.m.	32	108	66	
Llangern'w,	Memorial Hall	Monthly	Thursday p.m.	12	8	3	,,
C'druidion,	Presbyterian Church ...	,,	Friday a.m.	19	25	19	,,
Gresford,	Church House	Fortnightly	Wednesday a.m.	16	21	12	,,
Colwyn Bay,	Nantyglyn Road	Weekly	Tues., a.m., p.m.	50	144	12	,,
	Church Room, Mochdre	Fortnightly	Monday p.m.	58	47	28	,,
	Church House, Llysfaen	,,	Monday p.m.	24	8	3	,,
Wrexham,	Gatefield	Weekly	Monday p.m.	48	79	19	,,
	Garden Village	,,	Monday p.m.	30	31	5	,,
	Queen's Park	,,	Thursday, p.m.	50	116	16	,,
	1 Grosvenor Road ...	,,	Mon., Wed. p.m.	50	316	38	,,

Associated Clinic Activities.

Activities associated with Child Welfare Clinics are of varied character, depending on the enthusiasm of the Clinic staff, and the inclination of the mothers attending. By focusing other interests on the Clinic, it is possible to gain further opportunities for health education and even to inveigle the much neglected husband into participating. The organisation of these activities is necessarily an additional burden to the day's work, and entails the sacrifice of leisure hours.

The Colwyn Bay Clinic has fostered these activities to good effect, as will be noted from perusing the following brief report from Dr. W. McKendrick, Medical Officer of Health to the Borough of Colwyn Bay:

Propaganda Work in Colwyn Bay.

"The purpose of preventive medicine is to prevent disease, and that can best be done by teaching the public how to avoid disease and to recognise it in its earliest stages.

It is therefore the fixed policy in Colwyn Bay that, wherever possible, teaching sessions are arranged.

In connection with the Maternity and Child Welfare Clinic, meetings are held every Monday evening from September until May. On the first Monday of each month there is a social attended by forty to fifty mothers, and by the Clinic staff. On the second Monday we hold a Cooking Class where dishes suitable for toddlers, and capable of being prepared in any home, are demonstrated. The value of this Cooking Class was revealed when a competition was held in April. The test piece was "Prepare a dinner for a toddler." There were thirty entries and the standard was high. Meals were balanced, proper in quantity, dainty and thoroughly commendable. On the third Monday, an expert cutter attends to help mothers to cut down and re-make clothes. On the fourth Monday, the Medical Officer of Health talks to the mothers on problems that are suggested by them. On two occasions health films were shown on fifth Mondays.

There is a very active voluntary Committee attached to the Clinic. This Committee not only organises the Monday evening events, but deputes three of its members to attend at each Baby Clinic, and two to attend each Ante-

Natal Clinic. There, they serve tea, conduct a baby-clothes exchange market, and generally help in the pleasant running of the afternoon. They have provided rocking horses, slides, round-abouts and other toys for the toddlers, as well as a see-saw and sand-pit with buckets and spades in the area in front of the Clinic.

But activities must extend to all groups in the district.

The newly formed Teacher-Parents' Association attached to many schools in Colwyn Bay, have enabled me to meet parents of an evening, and to discuss prevention of disease in school children. Scouts and Girl Guides have also given an opportunity for teaching.

There is a big demand for health talks to Church Guilds and other bodies. During 1951 I addressed twenty-one such gatherings of adults on Preventive Medicine.

In Colwyn Bay, too, we have developed a very useful interest in First Aid, which is preventive medicine. Series of lectures on this subject were given by the Medical Officer of Health to Scouts, railwaymen, policemen and ambulance personnel.

I am glad to acknowledge the support given by cinema owners and tradesmen in propaganda. Films have been shown in all six cinemas. As an example of their willing co-operation, I would refer to the visit of the Mass Radiography Unit in 1950— each cinema contributed generously and freely to the publicity effort, and the result was a response that was not equalled in Wales.

Tradesmen's organisations have also asked me to arrange for "Clean Food" exhibitions and demonstrations for their members, e.g., fish retailers.

The result is that the public does not hesitate to come to the Medical Officer of Health to ask as to methods of controlling or avoiding disease."

DENTAL CARE.

The County has continued to provide dental treatment for expectant and nursing mothers, as well as young children, but the resignation of one Dental Officer has reduced the staff to three Dental Officers. One Assistant Dental Officer

devotes his entire time to school children, so that only a proportion of the services of the Senior Dental Officer and one Assistant Dental Officer are available for this work. Due to staff shortage, the Dental Officers function in the main from fixed Clinics. Unfortunately, this involved longer journeys for the mothers, but permits the Dental Officers to devote more time to their professional duties instead of travelling from centre to centre.

The Senior Dental Officer, Mr. D. Glen Thomson, reports as follows:

"Owing to the shortage of Dental Officers, it has not been possible to inspect every expectant mother following her first attendance at the Ante-Natal Clinic. Arrangements have been made to offer dental treatment to the mothers in Western Area No. 1 (Colwyn Bay) and this service will be commenced in the near future. To conserve the time of Dental Officers, Wrexham Clinic is used solely for the treatment of mothers in the Cefn, Rhos and Chirk areas. This is a temporary arrangement, and when more Dental Officers are appointed, the previous arrangement will apply, and patients will be treated at the Clinic nearest to their homes.

Pre-School Children.

At the moment it is not possible to undertake the filling of deciduous (baby) teeth, and treatment is confined to extraction of teeth for the relief of pain or sepsis. This is very unfortunate, as the conservation of these teeth by filling is most important, and our chief weapon in fighting dental disease. Parents are aware of this, and request such treatment, but it cannot be offered to them.

Ante-Natal and Nursing Mothers.

There was a decrease in the number of cases referred in Eastern Area No. 1, and a considerable increase in Eastern Area No. 2. The number of broken appointments remains very high, and a possible reason for this is the difficulty of obtaining a suitable person to take charge of the children when the mother attends the Clinic.

The number of dentures supplied during the year was less than the previous year. The standard of finish is excellent, and a high quality of materials used. The "non-chairside" part of making dentures is provided by a

Liverpool firm of mechanics to the profession, and has proved satisfactory. The proportion of full dentures to partial dentures has increased, but it is expected that during the ensuing year this position will be reversed, as there has been some improvement in the dental state of these patients referred for treatment.

X-Ray.

All cases requiring X-Ray treatment are referred to the nearest Hospital providing such facilities. The service is not satisfactory and the installation of an X-Ray machine at the Wrexham Dental Clinic would be beneficial.

Premises.

It has not been possible to equip the second Surgery at Wrexham, and the equipment at Llanrwst has been well-worn and is of an obsolete pattern. It is hoped this will be replaced by modern equipment in the near future. General anaesthetics are given by a Portanaest Gas Machine. This is most efficient in rural areas and is easily carried, but when large numbers are treated at each session, as at Wrexham, a bigger machine would be more efficient, and the provision of a Walton Machine is suggested.

In conclusion, I would like to thank all members of the Medical and Nursing Staff of the Maternity and Child Welfare Service for their co-operation and assistance during the year.

The appended statistical returns will, I feel sure, be perused with interest."

ANNUAL RETURN OF WORK.

EXPECTANT AND NURSING MOTHERS.

January to December, 1951.

	Wetstern Area No. 1	Wetstern Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	—	33	135	81	249
No. accepting treatment	—	32	135	80	247
No. completed treatment	—	19	115	55	189
Attendances for treatment ...	—	125	1015	294	1434
Sessions devoted to treatment	—	31	85	37	153
Broken appointments	—	55	176	46	277
Anaesthetics:					
General anaesthetics	—	14	201	87	302
Local anaesthetics	—	31	9	9	49
Extractions:					
Permanent extractions	—	180	1113	716	2009
Temporary extractions ...	—	—	—	—	—
Fillings	—	10	29	6	45
Dentures supplied	—	22	197	69	288
Adjustments	—	11	102	5	118
Repairs	—	—	7	1	8
Sundries	—	2	10	6	18
Advice	—	9	140	8	157
Scaling and gum treatment ...	—	4	15	—	19

MATERNITY AND CHILD WELFARE.

DENTAL TREATMENT, 1951.

(a) Numbers provided with Dental Treatment.

	No. examined.	No. needing treatment	No. treated.	No. made dentally fit.
Expectant and Nursing Mothers	249	249	247	189
Children under 5 years of age	154	122	122	119

(b) Forms of Dental Treatment provided.

	Extractions.	Local Anaesthetics.	General Anaesthetics.	Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Radiographs.	Complete dentures provided.	Partial dentures provided.
Expectant and Nursing Mothers	2009	49	302	45	19	—	7	11	181	107
Children under 5 years of age	223	—	122	5	—	6	—	7	—	—

CARE OF PREMATURE INFANTS.

A premature baby is, according to classification, any baby weighing less than 5½ lbs. at birth, irrespective of the length of gestation.

Prematurity features prominently as a cause of death of infants. The incidence of prematurity and infant mortality is appreciably reduced by adequate ante natal care. Frequently, the premature baby has but a tenuous hold on life and if it is to survive must receive a highly skilled and specially evolved technique of nursing, together with requisite equipment. The hospitals have a Premature Baby Unit for the special care of these infants, but, as many premature births are precipitate and unexpected, a proportion of the infants are born at home. In view of the facilities available at the hospitals some are admitted, but the remainder have to be nursed at home.

The County Council has sets of special equipment which can be transported immediately to any home where it is required. The set is composed of:

Cot with lining and stand ...	1
Mattress	1
Blankets	3
Hot water bottles and covers	3
Counterpane	1
Gamgee jacket	1
Flannel jacket	1
Catheter	1
Belcroy feeder	1
Small wall thermometer	1

The equipment is regularly used and has proved most valuable in the domiciliary care of these infants.

As can be noted, 27 premature infants were nursed at home, but each of these babies, nurtured to robust, autonomous and healthy childhood, owes, to some extent, its survival to this Service provided by the County Council.

No. of premature babies born during 1951 and surviving to one month at:

Home	Private Nursing Homes	Regional Hospital Board Accommodation
27	9	80

Maternity Outfits.

446 Maternity Outfits were issued during the year.

Care of Unmarried Mothers.

In providing for the unmarried mother, the assistance of many agencies, statutory and voluntary, must be obtained and close co-operation is essential if the mother and child are to benefit fully. The future of the child is of as great, if not of greater, importance than that of the mother and before any irretrievable decision is taken, all factors having a bearing on the situation are most meticulously considered Where circumstances augur well, no effort is spared to keep mother and child together, but many babies have to be placed for adoption.

The St. Asaph Diocesan Moral Welfare Association has provided for unmarried mothers a home in Wrexham, which is in the charge of Miss H. M. Hitchcock. Several women have been admitted there during the year, but two unmarried mothers were sent to suitable Homes outside the County.

At one stage there was some prospect that Bersham Hall would have been ready for occupation before the end of the year, but owing to a variety of difficulties the essential conversion could not be completed. A large number of furnishings bought with the house has needed careful supervision to avoid damage from damp and moths. The Superintendent Nursing Officer for Denbighshire, together with her staff, has spared no effort to make sure that all equipment has been maintained in a serviceable condition and not allowed to deteriorate in any way. When this Home is operating, accommodation will be provided for eighteen unmarried mothers. As the six North Wales Counties have combined forces to provide this home, it will cater for the unmarried mothers from the whole of North Wales.

WELFARE FOODS.

In conjunction with the Ministry of Food, it has been arranged for supplies of National Dried Milk, Cod Liver Oil and Orange Juice to be on sale at the Child Welfare Clinics. In addition, the majority of the Clinics have on sale other brands of dried milk and medicaments at cost price, or free in necessitous cases. These commodities are only supplied to those in regular attendance at the Clinic, as the provision of dried milk and medicaments is considered an integral part of the clinic service.

As a general policy the sale of foods at the Clinics is limited to the minimum, or otherwise these activities might detract from the value of the main functions of the clinic. Only a small selection of different brands of essential commodities are sold, thus avoiding complex accounting for the staff and ensuring that as much time as possible is given to the medical care of mother and child.

The total quantity of dried milk supplied at cost price during the year to expectant and nursing mothers and young children (otherwise than under the National Milk Scheme) was 20,378 packets.

MIDWIFERY SERVICES.

The Maternity Service was transferred in 1948 from the Nursing Associations to the County Council and was absorbed into the Health Department but, as intimated in the foreword, the mere transfer of authority has in no way proved a complete severance with the forerunner of the present service; for the policy has been to build on the old foundations with only necessary modifications. Consequently, the staff has retained the best features of the old traditional system while perhaps gaining in esprit de corps. Although the National Health Service Act, 1946, would appear to have sounded the death knell of the Voluntary Associations, there are welcome signs of their revival of interest in the Midwifery Service. Many of the homes occupied by Nurses are still owned by the Associations and renewal of the voluntary spirit is not only pleasing but rewarding for, in some instances, the Associations still assist materially, by providing, out of their own funds, additional amenities that make the Nurse's home more congenial. Occasionally the Voluntary Associations have also provided their local midwife with some equipment that could be considered a refinement on standard issue, but, in the main, these are secondary to the inspiring influence that such local interest has on the midwives.

As previously referred to, the percentage of hospital confinements is high in the County, approximately 75 per cent, leaving only 25 per cent for domiciliary confinements, and of the domiciliary cases some are delivered by the General Practitioners and others by the Midwives. These figures may give a false impression, for, although the confinement may be booked for the doctor, a Midwife acting as a Maternity Nurse is always in attendance. In addition, all hospitals situated in the County notify the Health Department if any mother and baby is discharged before the fourteenth day of the puerperium, so that the local midwife can attend for at least the remainder of that period. While the number of cases attended by the midwife has become greatly reduced, she still plays an important role in the antenatal care of hospital and domiciliary cases, the confinements in the home and the post-natal care of the majority of mothers. To ensure a better continuity of advice and care, most of the midwives attend and actively participate in the work of the Child Welfare Clinic.

SUPERVISION OF MIDWIVES.

The Superintendent Nursing Officer is the non-medical supervisor of midwives.

According to Miss Chune's report, all the midwives in the employ of the County Council are well equipped and maintain a high standard of efficiency. Throughout the County the posts are combined District Nurse/Midwife, with the exception of three whole-time midwives in the Borough of Wrexham and one in Rhos.

Notice of intention to practise was received from 138 midwives. On the 1st January, 1951, there were 99 midwives on the roll.

TABLE XIV.

	Midwives
Employed by Local Health Authority (whole-time and part-time)	72
In Private Practise — Domiciliary, Private Nursing Homes	14
In Hospitals	52

Analgesia.

Forty-two Domiciliary Midwives have now been trained to administer Gas and Air Analgesia and the requisite apparatus has been provided. In addition, several are utilising pethedine, either under the supervision of the General Practitioner or on their own responsibility. A more widespread use of this valuable adjunct to the equipment of domiciliary midwives would enhance the prestige of the attendant and ameliorate the unconscious fears of many expectant mothers. Midwives endeavour to acquaint mothers with the value and use of the Gas/Air Apparatus during the ante-natal period so that they will have complete confidence in its safety and efficacy. This precaution has ensured effective analgesia during the confinement.

TABLE XV.

Comparative Table of Live and Still Births for 1951 Occurring at Home or in Maternity Accommodation.

	Live Births	Still Births
Domiciliary	597	12
Maternity Accommodation	1961	73

MIDWIVES ACT, 1951. SECTION 14.

Medical Aid.

No. of Patients for whom medical aid was summoned by a Certified Midwife ... 165

Total amount of Medical Claims ... ... £323 2s. 10d.

HEALTH VISITING.

Over half a century has passed since the appointment of the first Health Visitor, but even today there are many who are unaware of the nature of her work. According to the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, the Health Visitor is "a woman employed by a local health authority for the visiting of persons in their homes for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant and nursing mothers, and as to the measures necessary to prevent the spread of infection."

An analysis of the full import of this terse definition would demonstate the widely different spheres that come within the orbit of the Health Visitor. Until the National Health Service Act she has mostly limited her activities to the mother and child. The need for health visiting was born of the distressing ignorance of child care and the high infant and maternal mortality rate that prevailed at the end of the 19th century. After half a century concentrated on these social ills, the scene has completely changed since those early days, and a wider scope for this valuable social worker was imperative. The National Health Service Act, 1946, widened the horizon of the Health Visitor and since that date she has re-orientated and adapted herself to the changed circumstances.

This metamorphosis has not been without tribulations as so many other specialised social workers have been evolved that, inevitably, there were incursions and overlapping of domains. The Health Visitor, with her varied interests and direct association with the community, has proved herself to be the essential link between the numerous other social workers and, as such, has enhanced her value and status.

Apart from strictly local health authority duties, the Health Visitor has to ensure effective liaison between the hospitals and the home.

Having conceded the increased responsibility of the Health Visitor, reconsideration should be given to the work allocated to each Health Visitor. All the Health Visitors in Denbighshire, apart from three in the Borough of Wrexham, are also employed as School Nurses for approximtely 50 per cent of their time. To meet adequately the commitments allocated to the Health Visitor under the National Health Service Act, it is recommended that the "case load" of 80 births per annum per Health Visitor should not be exceeded. As there were 2,557 births

in Denbighshire during 1951, the establishment of Health Visitors for the County should be 32. At the present time 16 Health Visitors are employed.

Recruitment of Health Visitors is exceedingly difficult and to encourage more nurses to undergo training, the County is prepared to give grants to suitable students, conditional upon them giving, after qualifying, two years service to Denbighshire. Each Health Visitor proceeds for a Refresher Course during her fifth year after qualifying and subsequently once every third year.

Tables XVI and XVII summarise the work of the Health Visitors for the year:

TABLE XVI.

First visits to infants under 1 year of age	3,459
Total visits to children under 1 year of age	17,003
First visits to children between 1 and 5 years	194
Total visits to children between 1 and 5 years	18,700
First visits to expectant mothers	280
Total visits to expectant mothers	349
First visits to other cases	321
Total visits to other cases	624

TABLE XVII. SUMMARY OF WORK OF HEALTH VISITORS

District.	No. of visits to children under 1 year.		No. of visits to children 1—5 years.	Expectant mothers.	
	First visits.	Total visits.		First visits.	Total visits.
Rhos and Penycae	172	973	1315	27	41
Rhostyllen, Ruabon, Marchwiel, Isycoed, Abenbury and Holt	259	1284	1319	5	5
Coedpoeth, Southsea, New Broughton	169	618	1023	16	18
Brymbo, Broughton, Summerhill	174	1116	967	8	8
Llay, Gresford, Rhosrobin	237	1372	695	3	5
Llangollen and Cefn	274	1189	721	14	21
Abergele and part of Aled	154	1074	1121	61	61
Denbigh and part of Aled	359	1190	1147	1	6
Llanrwst Area, Hiraethog	120	1148	1612	20	30
Llansilin, Chirk and Glynceiriog	138	258	662	13	13
Ruthin Borough, Ruthin Rural and Cerrig	602	1717	2041	4	4
Borough of Colwyn Bay	240	1755	1840	18	28
Borough of Wrexham	561	3309	4237	90	102
Totals	3459	17003	18700	280	349

HOME NURSING.

With but six exceptions, all the nurses employed in Denbighshire hold the dual appointment of District Nurse/Midwife. This arrangement has much to commend it in a widespread County with varying densities of population, from the sparse rural to the congested industrial.

The Home Nursing Service was hard pressed during the early months of 1951 when there was a brisk epidemic of upper respiratory infections, which also affected several of the nurses. Despite this, the nurses dealt effectively with the spate of heavy demands and I would record my appreciation to the Superintendent Nursing Officer, who invariably succeeded in obtaining a relief nurse to fill the breach, and to every member of the nursing staff for having coped so well with a trying situation. Without the loyalty and team spirit of the nurses, particularly manifest on such occasions, many sick people would not have received the nursing attention which they required.

The Superintendent Nursing Officer, in her report, states:

"The district nursing and midwifery service has continued non-spectacularly, but none the less effectively, during the year. Vacancies which have occurred in some districts have been filled without undue delay.

"The amount of equipment which each nurse holds has been maintained at a high standard and a considerable amount of bedside articles have been purchased to enable each nurse to loan necessary equipment to their patients. The care of the aged sick is occupying a good percentage of each nurse's time, and this service, coupled with the Home Help Service, is enabling many aged couples to remain in their own home—an entitlement due to all elderly folks."

Number of Nurses employed in the Home Nursing Service on 31st December, 1951:

(a)	Total	55
(b)	Whole-time	6
(c)	Part-time	49
	Equivalent to whole-time service provided (b)	6
	(c)	32

SUMMARY OF CASES ATTENDED AND VISITED BY THE DISTRICT NURSE/MIDWIVES DURING 1951.

Area.	No. of Nurses.	Cases attended.			Visits.	
		General.	Midwifery.	Con-finements.	General.	Midwifery.
Administrative County	55	5457	1822	476	124603	21783
Western No. 1.						
Abergele	3					
Colwyn Bay	4	999	268	25	23800	1850
Aled	4					
Western No. 2.						
Denbigh	1					
Hiraethog	3					
Llanrwst	1	1576	419	51	23734	3630
Ruthin Borough	1					
Ruthin Rural	4					
Eastern No. 1.						
Ceiriog	4					
Llangollen	1	2504	780	265	61279	10693
Wrexham Rural	19					
Eastern No. 2.						
Wrexham Borough	8	378	355	135	15790	5610

Housing Accommodation for District Nurse/Midwives.

In certain areas where the Voluntary District Nursing Associations had located their nurses, there were occasionally houses provided for the nurse, and in all instances these have been bought, or are being rented, by the County Council. Problems have arisen in some areas where the Nurse had previously been in lodgings. While nurses remain in lodgings these difficulties will continue, but it is hoped that in due course there will be a nurse's house in each district. I would express my gratitude to the District Councils who have granted a house to a nurse, for I am fully conscious of the multitudinous claims upon them.

Several of the older houses have been renovated and modernised and new furnishings have been supplied as and when necessary.

On 31st December, 1951, the Nurses were accommodated as follows:

Houses				Rooms
		Rented by County Council		
Loaned or owned by County Coun.	Owned or rented by Dist. Nurse	From Local Council	From Private Owner	Rented by County Council
3	20	2	2	10

In some instances the houses are occupied by more than one nurse.

Transport—District Nurse/Midwives.

Forty-three nurses have been authorised to use cars for duty and of these thirty-one have provided their own vehicles, while twelve used County Council owned cars. Twelve nurses used auto-cycles or bicycles.

Due to the priority given to midwives in obtaining new cars it has been possible to keep the nurses highly mobile, so that most of their working hours could be devoted to clinical work rather than to travelling. A comparison between a nurse with a car and one without indicated that two nurses with cars were equivalent to three nurses without, but, apart from the actual difference in output, the large amount of equipment to be carried makes a car very nearly essential.

VACCINATION AND IMMUNISATION.

Vaccination.

During 1951 it was decided that vaccination against smallpox should be carried out in the Child Welfare Clinics throughout the County and propaganda was intensified accordingly, with a fair response. Previously, vaccinations had been performed by General Practitioners only and many mothers, convinced of its efficacy at the Clinic, later neglected to visit their own doctors.

The multiple pressure technique on the left upper arm is used and mothers are advised to bring their infants at about 10 - 12 weeks of age, which is shortly before dentition or any dietary changes.

VACCINATIONS PERFORMED DURING 1951.

Primary Vaccinations		Re-vaccinations.	
Under 1 year	623	Under 1 year	4
1 - 4 years	118	1 - 4 years	2
5 - 14 years	54	5 - 14 years	31
15 years and over ...	101	15 years and over	161

Diphtheria Immunisation.

No changes have been instituted in the County scheme for diphtheria immunisation. Consideration should be given to holding special immunisation sessions in some clinics rather than combine this work with the normal clinic session.

TABLE XVIII.

DIPHTHERIA IMMUNISATION.

	Children 1—5 years.		Children 5—15 years.
Urban Districts.			
	%		%
Abergele	84.4	...	96.0
Colwyn Bay	86.4	...	92.0
Denbigh	83.4	...	92.3
Llangollen	84.0	...	95.0
Llanrwst	92.3	...	98.1
Ruthin	89.1	...	97.5
Wrexham	56.2	...	70.6
Rural Districts.			
Aled	76.8	...	91.6
Ceiriog	73.2	...	94.5
Hiraethog	88.7	...	96.9
Ruthin	88.1	...	98.5
Wrexham	72.2	...	90.1

The number of children immunised in the County during the year 1951 was as follows:

Under 5 years of age	1873
Between 5 - 15 years	186
Total	2059
"Repeat" doses	1750

Whooping Cough Immunisation.

The Medical Research Council's report on the whooping cough field trials, which it had conducted, indicated that immunisation against whooping cough provided the child with some degree of immunity. Although antibiotics available have a specific action on pertussis, they would seldom be used sufficiently early to mitigate the symptoms of this disease, and certainly not act as an adequate preventive measure, except, perhaps, during an epidemic.

Whooping cough in infants can be lethal, but apart from this there is an unascertainable morbidity. To those who have treated a severe case of whooping cough, any measure that will prevent or ameliorate symptoms is well worth while. This view was accepted by the Health Committee and it was resolved to amend the National Health Service Act proposals, under this Section, so that whooping cough immunisation could be carried out at the Child Welfare Clinics. There has been a gratifying response and most parents are anxious to have their children immunised.

It is significant that the incidence of whooping cough in the Borough of Colwyn Bay, where whooping cough immunisation has been practised for six years, is considerably lower than in neighbouring areas. It is to be hoped that in due course there will be a similar decline throughout the County.

AMBULANCE SERVICE.

The Ambulance Service in Denbighshire is provided on an agency basis by three different voluntary organisations. The biggest portion is served by the Welsh Home Ambulance Committee, while the coastal strip is catered for by the Red Cross at Abergele and the Colwyn Bay Voluntary Ambulance Corps in the Borough of Colwyn Bay and its environs.

The various St. John's Ambulance Divisions undertake the work locally and are co-ordinated by the Welsh Home Ambulance Committee in Cardiff. In view of the independence of the various units comprising this Service, a new attitude will have to be inculcated, as each feels responsible for its individual domain and occasionally are inclined to resent local cases being transported by ambulances other than their own.

The Red Cross Ambulance Service at Abergele is manned by two whole-time lady drivers and while the service provided is satisfactory, it must be conceded to be an expensive one for the volume of work done.

The Colwyn Bay Ambulance Corps is a well organised, compact and efficient unit, manned entirely by an enthusiastic band of volunteers who have given freely of their services for many years. This unit, while maintaining a high standard of efficiency, costs the least to the County Council. The members pride themselves in the high standard of the service provided and it is noteworthy that invariably every ambulance proceeding to a case is fully manned with one or two attendants.

Infectious diseases ambulances, now belonging to the County Council, are stationed at Colwyn Bay and Wrexham Isolation Hospitals. By agreement with the Hospital Management Committee these ambulances are, as prior to the Act, manned by the hospital staff. This arrangement is most suitable, for while convenient to the hospital it saves the Health Authority from many complications. If a non-infectious disease ambulance from the pool was used, it would have to be disinfected before conveying other patients and consequently would be out of commission for several hours, disorganising a carefully prepared daily schedule.

The appended graph shows vividly the demands made on the Service since its inception in 1948. The sharply rising primary curve was in full accord with the attitude of the public to the National Health Service at that time. With a stricter control and more precise definition of responsibility and a modification in the viewpoint of the general public, the Ambulance Service stabilised slowly to its proper role of conveying the sick. The General Practitioners are responsible, in the first instance, for authorising ambulance transport and in this County the majority have used the Service with discretion and responsibility, but, as no rigid working standard could be established, each had to decide according to his own judgement. Directives were issued which helped to clarify the situation, but personal contact and discussions proved most efficacious. In September, 1951, a change in the administrative procedure ensured closer co-ordination and control over the service. In consequence, more patients per ambulance per journey were transported. The graph shows that the ambulance mileage, once stabilised,

has remained at a fairly constant level, despite an increase in the number of patients carried. The greater demand in the summer months is accounted for by the influx of visitors to the seaside resorts, particularly the holiday camps in the Abergele and Kinmel Bay area. It is remarkable the number of holiday makers, from distant parts, that are taken ill towards the end of their stay, and despite strict scrutiny of all applications for transport, it has not been possible to reduce greatly this seasonal increase.

The constant liaison with the Hospital Service has limited, to some extent, the calls on the Ambulance Service, but despite appointment systems and arranging times of patients' discharge, the hospitals still make very heavy demands on the service. It is gratifying that the Ambulance Service has coped so well with its onerous task, but the real criterion of an Ambulance Service is its response to the emergency call. In the dense urban areas an ambulance is promptly available, but the position is not so satisfactory elsewhere. Complete reliance on voluntary personnel is too exacting a demand and consideration should be given to a leavening of whole-time staff. At the present time, three whole-time drivers are employed—two at Wrexham and one at Cefn Mawr. Most of the routine work in these areas falls upon these men but I am of the opinion that at least another whole-time driver is necessary in Wrexham, because of the constant flow of patients to and from the hospitals.

Sitting Case Cars.

No sitting-case cars are directly provided by the Authority and reliance for this service rests on the individual taxi proprietors who apply for inclusion, on the approved list of the County Council, in accordance with the prescribed terms.

The graph shows a similar curve for this service as for ambulances. It was evident from the mounting costs that this section of the Ambulance Service required closer supervision and stricter vetting. This was ensured concurrently with the amendment to the administration of the ambulances and as a result there was an immediate decrease in cost from the monthly £800 to £900 down to between £500 and £600.

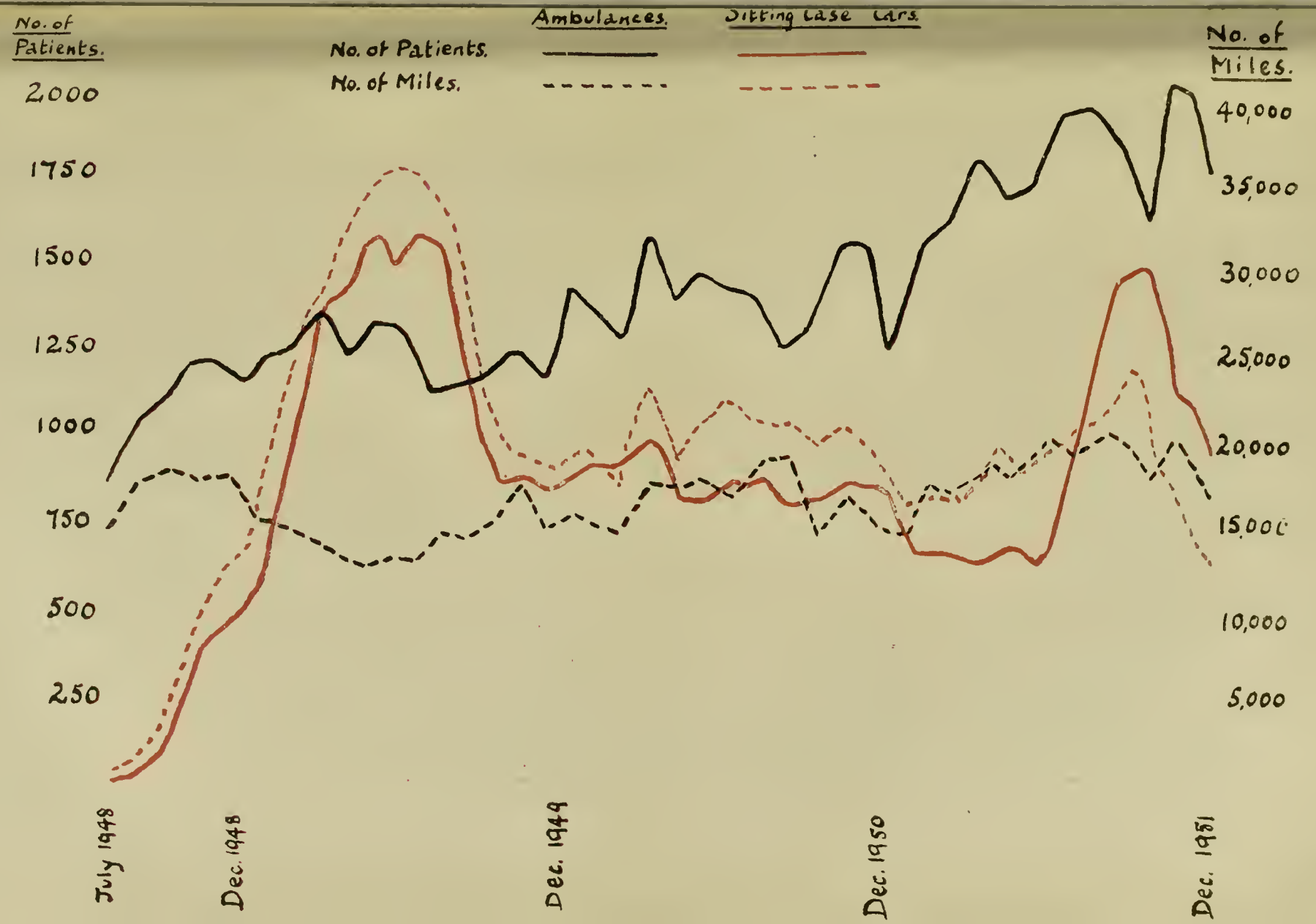
No. of Patients.
Ambulances.
Sitting Case Cars.
No. of Patients.
No. of Miles.
No. of Miles.
2000
1750
1500
1250
1000
750
500
250
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
July 1948
Dec. 1948
Dec. 1949
Dec. 1950
Dec. 1951

TABLE XIX.

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele	268	8520
Colwyn Bay	1058	20933
Colwyn Bay Isolation Hospital .	90	1998
Cerrigydruidion	90	5143
Denbigh	375	9583
Llangerniew	89	5043
Llanrwst	79	3421
Ruthin	277	10058
Brymbo	2117	18471
Cefn	1881	21176
Chirk	277	5394
Llay	1464	13783
Rhos	2274	18974
Wrexham	10763	78347
Wrexham Isolation Hospital ...	366	2890
Wrexham E.M.S. Hospital	403	1749
	21871	225483

SITTING-CASE CAR SERVICE.

The conveyance of sitting cases is still being undertaken by local car hirers and taxi proprietors, and for this work they are being paid at the following rates:

Day-time (8 a.m. to 8 p.m.).

9d. per mile and 2/6d. per hour waiting time.

3/6d. minimum charge for local journeys.

Night-time (8 p.m. to 8 a.m.).

1/6d. per mile and 5/- per hour waiting time.

5/- minimum charge for local journeys.

TABLE XX.

SITTING-CASE CAR SERVICE.

Month	No. of cases conveyed	Total mileage
January	587	13813
February	560	13273
March	606	15079
April	535	13078
May	663	15130
June	1108	17849
July	1233	18820
August	1363	19275
September	1049	15493
October	835	11031
November	906	10555
December	797	9881
Totals	10242	173277

VOLUNTARY CAR POOL SERVICE.

Drivers of the Voluntary Car Pool Service, which has been organised in certain parts of the County, are paid at the rate of 6d. per mile, together with a small subsistence allowance if the journey necessitates them being away from home over four hours.

No. of cases conveyed	1727
Total mileage	53988

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

In my previous Annual Report, I expressed the opinion that this Section of the National Health Service Act afforded, to the Health Authority, the widest scope for future development as it seemed to be the password to new domains. Regretfully, it has to be admitted that, while the staff of the Department were so heavily committed to other established services, only limited progress could be achieved in this direction.

Prevention of illness largely resolved itself initially to health propaganda, and throughout the year the Health Department has concentrated on engendering an attitude of Positive Health. The Central Council for Health Education rendered valuable assistance, particularly in providing suitable display material and information. Lectures and demonstrations by Medical Officers and Health Visitors have been the principal activities in this field.

The Health Department has always had a proprietory interest in infectious diseases, and the remarkable decrease in the incidence, morbidity and mortality of these diseases during the past half century reflect the efficacy of preventive measures instituted by Health Authorities. Since 1948. the prevention of all illness, not only infectious diseases, has been the duty of the Health Authority, and this new situation requires a re-orientation and re-deployment of forces. By legislation, this has partly occurred in the Tuberculosis Services; responsibility for the specialists and hospitals having been transferred to the Regional Hospital Board, while the Health Authority retained the duty of preventing infection in the community.

Tuberculosis.

In March, 1951, Dr. Howell Williams resigned from the post of Consultant Chest Physician to the Wrexham, Powys and Mawddach Hospital Management Committee, and Dr. E. Clifford Jones, his successor, commenced duties in May, 1951. The Wrexham Chest Clinic is situated within the same curtilage as the Health Department, so that inter-communication between the two Departments can be easily achieved. I am pleased to state that, from the commencement, Dr. Clifford Jones has taken full advantage of this proximity to ensure the closest possible collaboration and co-operation. Although most of his time is devoted to clinical duties, he retains a keen interest in the prevention, care and after-care of tuberculosis.

On 1st December, 1951, Miss Capper commenced duties as Tuberculosis Health Visitor. Previously, this work had been done by Health Visitors and members of the staff of the Chest Clinic. She is responsible for the visiting of tuberculous patients in the eastern half of Denbighshire. It is hoped to appoint another Tuberculosis Health Visitor for the western half of the County in the near future.

The Central Register of all tuberculous persons within the County is now being revised. Together with the Chest Physician, Medical Officers and Health Visitors, each notified case will be reviewed and the register amended accordingly. In recent years, more and more cases are diagnosed in the early stages, when treatment can be most speedy and effective, and the Mass Radiography Unit has contributed to this improvement.

Cases on Tuberculosis Register

on 31st December, 1951.

Respiratory.			Non-respiratory.		
M.	F.	Total	M.	F.	Total
750	643	1393	239	196	435

Mass Radiography Unit.

The Unit is provided by the Welsh Regional Hospital Board and visited five different areas in the County during the year. Each successive year the response improves as the value of this examination is becoming more generally appreciated. While the primary emphasis is the diagnosis of symptomless pulmonary tuberculosis, other unsuspected chest conditions are detected. If a lesion or abnormality is discovered the person is recalled and an appointment is made for a large X-Ray film to be taken. The pledge of secrecy is faithfully observed by the staff of the Unit, and no information is divulged without the consent of the patient. If further medical care or treatment is needed, the patient is referred to the appropriate doctor.

During 1951, only school children were examined, as the general population had been surveyed in 1950.

The following Table summarises the work of the Unit in Denbighshire during 1951:

Location		No. X-Rayed	No. Re-X-Rayed with larger film	No. referred to Chest Clinic as query Tuberculosis
Colwyn Bay ...	Males	175	2	—
	Females	169	2	1
	Total	344	4	1
Abergele	Males	75	2	—
	Females	91	2	1
	Total	166	4	1
Denbigh	Males	91	2	2
	Females	112	1	1
	Total	203	3	3
Ruthin	Males	76	1	1
	Females	103	—	—
	Total	164	1	1
Llanrwst	Males	106	1	—
	Females	109	2	2
	Total	215	3	2
Grand Totals .	Males	523	8	3
	Female	584	7	5
	Total	1107	15	8

Provision of Shelters.

Three shelters are owned by the Health Authority and are allocated to persons suffering from pulmonary tuberculosis on the recommendation of the Chest Physician. Due to the shortage of beds at sanatoria, admissions are delayed and the provision of the shelter ensures that the patient can commence treatment while at home, without the remainder of family incurring undue risk of infection. A shelter is also invaluable in the case of a patient requiring discharge, but which, owing to poor housing conditions, is impossible unless separate sleeping accommodation can be provided. The three shelters are in use, having been transported and erected at the expense of the Authority.

Nursing Requisites.

While the patient is at home, various nursing requisites are provided by the Health Authority. District Nurses hold a supply for distribution within their areas, and any special article can be obtained from the central store. The Home Nursing Service is called upon increasingly to assist in the domiciliary treatment of tuberculous patients. Many patients are given streptomycin or P.A.S. prior to admission to hospital, and many of these injections are given by the District Nurse.

The plight of many patients would be pathetic without the provision of a Home Help. This is particularly the case when the patient is a housewife.

From the foregoing, it will have been noted that progress has been achieved in this particular field, but I regret that the very active After-Care Committee, which functioned so effectively prior to 1948, has not yet been revived, for without such a Committee, the administration of Care and After-Care is difficult.

After-Care.

The voluntary organisations make provision for after-care. The St. John's Ambulance Brigade and the British Red Cross Society have stores located throughout the County. The Voluntary Welfare Officers of these organisations assist to the utmost of their ability each deserving application for assistance. Being voluntary, they are able to help in a variety of ways.

The Health Authority has made arrangements and accepted financial responsibility for thirteen patients needing admission to a Holiday Home to expedite their full recovery. Applications are mainly received from Hospitals and General Practitioners, but each case is visited by a member of my staff before responsibility is accepted.

The Chairman of the Health Authority has now the authority to grant permission for arrangements to be made for these cases without waiting for Committe approval.

During the year four males and nine females were admitted to suitable Holiday Homes.

VENEREAL DISEASES, 1951.

The following Table was compiled from information received from Hospitals serving the County.

TABLE XXI.

Year 1951	Wrexham	Llandudno	St. Asaph	Other Hospitals	Total
Syphilis	13	3	5	—	21
Gonorrhoea	19	—	3	—	22
Other Conditions ..... (Chancroid, Lymphogranuloma venerum, Granuloma inguinale, Non-gonococcal urethritis (males only), Any other condition requiring treatment, Conditions remaining undiagnosed at end of year).	58	11	14	1 (Bolton)	84

DOMESTIC HELP SERVICE.

In the previous Annual Report attention was drawn to the rapid expansion of this Service and that the Superintendent Nursing Officer and her Deputy could not be expected to continue dealing with the growing demands without assistance. The Health Committee resolved that an Assistant Nursing Officer should be appointed to administer mainly this Service, and Miss Ramsay commenced duties in December, 1951.

From the beginning, the object has been to develop the Domestic Help Service primarily as a valuable adjunct to the medical services, and by selecting a Health Visitor to this post the continuance of this policy as well as collaboration and co-ordination are assured.

A wide variety of applications for Domestic Help, each presenting an individual problem, have to be carefully considered, so that only those coming within the province of the scheme are given assistance. Having decided that a Domestic Help should be provided, the number of hours per week and the duration of attendance are determined. The economic situation of the applicant is considered and the payment to be made is assessed in accordance with nationally approved scales. With the continuing rise in the cost of living, the allowances permitted in making the assessment are meagre and do not bear a realistic relationship to the present situation. Fortunately, a reasonable lattitude is permitted so that each applicant can be assessed in the light of circumstances.

The main source of applications for Domestic Help is from the elderly sick, while applications from maternity cases have declined. Requests are frequently received from hospitals, for help to be given to patients, pending admission or on discharge, and thus facilitate the work of the Hospital Service. Similarly, the Domestic Help Service relieves the strain on the hospital accommodation for chronic sick. Many patients who would otherwise have had to be admitted immediately have remained for much longer in their homes, due entirely to the excellent care they have received from the Domestic Help.

The recruitment of the right type of Domestic Help is vital to the success of this work. Not only must they be good workers, but intelligent, trustworthy, kind, patient and with some sense of vocation. Once in the Service, the interest of each Domestic Help must be retained and fostered;

her insight into the social problems deepened, and her enthusiasm encouraged. With these in mind, each Domestic Help is seen by the Superintendent Nursing Officer at regular intervals, to discuss problems and cases. Small group discussions are arranged and all foregather at the Annual Social Meeting. So far it has been possible to provide Domestic Help to every deserving case, with the exception of the Colwyn Bay area, where it is extremely difficult to find women for this Service. The occasional problem that arises in the rural areas, and they are rare, for good neighbourliness still exists in the countryside, has been dealt with satisfactorily by the employment of a local help.

Considerable difficulty is encountered in caring for bedridden persons who live alone, but even these cases have been provided with a twenty-four hour service. The Health Visitor, District Nurse/Midwife, Home Help, Voluntary Organisations and private individuals all assist in elucidating these knotty problems but, without the inspiration and enthusiasm of those directly responsible for the administration of the Service, it could not have accomplished so much, or contributed so generously to the functioning of the other health services.

TABLE XXII.

(i) Number of Domestic Helps employed on 31st December, 1951:

(a) Whole-time ..... Nil (b) Part-time 80

(ii) Number of cases where domestic help was provided during the year:

(a) Maternity (inc. expectant mothers)	47
(b) Tuberculosis	8
(c) Others	172
Total	227

MENTAL HEALTH SERVICE.

Administration.

(a) There were no meetings of the Mental Health Sub-Committee during 1951.

(b) Besides the County Medical Officer of Health and his Deputy, the staff employed in the Mental Health Service was:

4 Assistant Medical Officers,

1 Chief Duly Authorised Officer,

5 Duly Authorised Officers.

(c) Child Guidance Clinic.

The North Wales Mental Hospital has a Child Guidance team which has a weekly session at Wrexham and Colwyn Bay Clinics.

General Practitioners and the Assistant County Medical Officers refer cases to the Child Guidance Clinic and later continue supervision when the Clinic has completed the case.

Dr. T. Kenrick Hughes attended a Course on Educationally Sub-normal and Mentally Defective Children at the London University and subsequently he became mainly responsible for this work. The administration of this Service is particularly difficult, owing to the dual role of the Duly Authorised Officers and their location in Ruthin, away from the Health Department. The Chief Duly Authorised Officer and his Deputy, both 50 per cent Health and 50 per cent Welfare, are located in the Welfare Department. Such an arrangement is not conducive to close collaboration but rather to independent action. Documentation is difficult and often has to be duplicated, while information urgently needed is not available at the Central Office, due to many of the medical documents being retained by the Chief Duly Authorised Officer. If this Service is to develop smoothly this arrangement will have to be reviewed.

Lunacy and Mental Treatment Acts.

TABLE XXIII.

Cases dealt with by the Duly Authorised Officers.

	M.	F.	T.
Lunacy Act, 1890.			
Summary Reception Order	34	40	74
"Three Day" Order, Sec. 20	1	1	2
Urgency Order, Sec. 11	—	—	—
Mental Treatment Act, 1930.			
As Voluntary Patient	—	3	3
As Temporary Patients	1	1	2

TABLE XXIV.

Mental Hospital Admissions, Discharges and Deaths.

	M.	F.	T.
No. of patients certified under the above Act and removed to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1951	34	40	74
No. of patients discharged during the year	24	30	54
No. of patients who died during the year	9	11	20
Voluntary Patients.			
No. of voluntary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1951	94	115	209
No. of voluntary patients who left the Hospital during the year 1951	90	100	190
No. of voluntary patients who died during the year 1951	2	2	4
Temporary Patients.			
No. of temporary patients admitted to the North Wales Hospital for Nervous and Mental Disorders, Denbigh, during the year 1951	2	1	3
No. of temporary patients discharged during the year 1951	—	1	1
No. of temporary patients who died during the year 1951	—	1	1

Mental Deficiency Acts.

Previously, owing to the acute shortage of institutional accommodation, ascertainment of defectives in the County was limited to those needing supervision and institutional care, but during 1951 this policy was changed. Each case referred is examined and if ascertained as a Mental Defective his future welfare is carefully considered by Committee.

Many are placed under Statutory Supervision but, having been ascertained as a mental defective by the Health Authority, immediate action can be instigated in the event of an emergency. This procedure is satisfactory for many defectives and they continue to live contentedly at home. The sudden death or illness of the parent precipitates a crisis, but even under such difficult circumstances vacancies at mental defective institutions are extremely hard to obtain.

The supervision of defectives in the home requires tact and full appreciation of the difficulties. A well trained social worker can allay the worries and simplify the problems of those in charge of the defective. While trained male Duly Authorised Officers may be admirable for the supervision of male defectives, I am of the opinion that female defectives should be supervised by a suitably trained woman, and while hesitating to add to the duties of the Health Visitor, I would suggest that consideration should be given to this alternative.

There are only a few defectives under Guardianship, as the Orders were allowed to lapse in 1948, when the National Assistance Board accepted financial responsibility for those defectives who were not receiving guardianship allowance from the Health Authority. These defectives are regularly visited. Defectives on licence are, by arrangement with the Regional Hospital Boards, regularly visited by a member of the staff and periodic reports submitted. Assistance is given in the placing of defectives in the community and their progress observed.

The care of the mental defective in the community is an onerous responsibility and every possible aid should be available. When a child has been notified under Section 57(3) of the Education Act, it is perforce excluded from school and the responsibility for the training and instruction transferred from the Education Authority to the Health Authority. Unfortunately, only a few facilities are available in this County, reliance being placed mainly on obtaining the services of a Home Teacher. Such a provision is the only

feasible one in the rural areas, but consideration should be given to providing an Occupation Centre in large towns.

An Occupation Centre for about twenty defectives, if sited in the vicinity of Wrexham, would meet the demands of the area. The defectives from the surrounding district could be transported to and from the Centre. In this way, the parents would be relieved of the constant care of the defective, and that in itself would warrant the expenditure involved. The defectives respond quickly and show considerable improvement, for not only do they gain confidence by being in an environment with which they are in accord, but also the training and teaching given at the Centre makes them better equipped for the adult world to which they have to return.

Admission to mental deficiency institutions entails a prolonged period of waiting. Most of the urgent requests for admission to an institution are the result of some tragic catastrophe in the home. Prompt action is imperative if the defective is to be saved from undue privation, and the only means available of disposing of such a defective is to a "Place of Safety." The Superintendent of the Ruthin Welfare Home, Mr. Morris, has, on several occasions, saved the situation, although he fully appreciated the disorganisation that the admission of a low grade defective would cause amongst the inmates and staff. I am exceedingly grateful for such co-operation, as otherwise some of the emergencies would be insolvable.

A priority list is forwarded at six monthly intervals to the Regional Hospital Board. While those on this list were the most deserving when it was submitted, frequently a vacancy becomes urgently needed for a defective who has never been on a waiting list. The reason for this may be that while one of the parents—usually the mother—was alive and well enough to care for the defective, there was no question of admission to an institution.

There is a total of 15 defectives on the Denbighshire waiting list out of 102 ascertained mental defectives. It would appear that in recent years there has been a diminution in the parental sense of responsibility towards their mentally defective children. Persistent demands are made to have defectives removed to the care of the state and consequently the number seeking admission to institutions is now much in excess of those before 1948.

Mental Deficiency Acts, 1913-1938.

	M.	F.	T.
No. of mental defectives in institutions at 31/12/51 ...	44	93	137
No. of mental defectives under guardianship at 31/12/51	3	—	3
No. of mental defectives in "Place of Safety" at 31/12/51	1	2	3
No. of mental defectives under Statutory Supervision at 31/12/51	49	31	80
No. of mental defectives awaiting removal to an institution during the year 1951	12	7	19
No. of mental defectives (new cases) reported during the year 1951	8	10	18
No. of mental defeetives admitted to institutions during the year 1951	1	2	3
No. of mental defectives taken to "Places of Safety" during the year 1951	1	2	3
No. of mental defectives placed under Statutory Supervision during the year 1951	1	1	2
No. of mental defectives that ceased to be under care by reason of death or removal from the area during the year 1951	—	1	1

PART IV.

NATIONAL ASSISTANCE ACT, 1948

Persons in Need of Care and Attention. Sec. 47.

This section gives statutory powers to a Local Authority to apply, to a Court of Summary Jurisdiction for an Order for the removal of a person in need of care and attention to suitable accommodation. Legal action has been taken in several instances but only as a last resort. When such cases arise every attempt is made to meet the requirements of the person through the Home Nursing and Domestic Help Services and other voluntary associations. It is only in these circumstances, where the social services could not possibly meet the requirements, that the District Medical Officer, in the interest of the person, recommends his Authority to apply for a Court Order authorising the removal to a hospital or home.

Welfare of the Blind.

The welfare of the blind under Section 2 of the Blind Persons Act, 1938, was the responsibility of the Health Committee. Some of the duties were delegated to the North Wales Blind Society, while the Health Department was responsible for the medical examination and registration of the blind. Until 1951, these duties were retained by the Health Department but on the transfer of the Home Teachers from the North Wales Blind Society to the Welfare Department, I was instructed to transfer the Blind Register and the medical documents to the Welfare Department.

The only function remaining with the Health Committee is to arrange for the examination by an Ophthalmologist of all applicants for registration as Blind Persons.

92 persons were examined, of whom 60 were certified as being blind within the meaning of the Act, and 21 were certified as partially sighted.

PART V.

ENVIRONMENTAL HYGIENE

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES,

Scarlet Fever.

123 cases of Scarlet Fever occurred in the County of Denbigh during the year under review, compared with 264 in the preceding year. The virulence of this disease has declined appreciably in the past few years and consequently only a few cases needed admission to the isolation hospital. Cases treated with antibiotics are frequently kept in hospital for only about one week.

Whooping Cough.

There were 408 cases during 1951, which is approximately the same as for 1950. Four deaths were due to Whooping Cough and if it were more universally appreciated that this disease can have a fatal issue, then the community might exercise more care in isolating children suffering from it.

Measles.

This disease, too, has lost some of its severity in recent years. Whether this can be attributed to the prevention of complications by the use of antibiotics and sulphonamides or to improved social conditions cannot be determined. The total number of cases for 1951 differs little from 1950,

although Measles epidemics usually, in urban areas at least, tend to recur biennially. It is interesting to note that the disease has conformed to custom for in 1950 it was epidemic in East Denbighshire, while in 1951 it had migrated to West Denbighshire.

Diphtheria.

For the first time in the statistical history of the Health of Denbighshire it can be reported that not a single case of Diphtheria was notified during the year under review.

Further, since 1941, there has been no death from Diphtheria.

No notifications, no deaths from Diphtheria in 1951— truly a great advance in a decade and, in the main, due to immunisation, a policy vigorously propogated by the Health Authorities.

Food Poisoning.

The increase in the incidence of Food Poisoning in recent years demands attention. To combat this trend efforts have been made to educate the public in the need for an improved standard of personal hygiene. The attention of the catering industry has been drawn to the imperative need for cleanliness.

Valuable propaganda has emanated from the Health Department but a concerted effort is required if this disease is to be controlled and eradicated.

TABLE XXV.

INFECTIOUS DISEASES.

The following table furnishes particulars respecting the notifications received during 1951, and, for comparative purposes, the nine preceding years are shown.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Scarlet Fever	227	275	294	276	157	149	273	249	264	123
Whooping Cough	272	198	429	175	256	259	906	207	465	408
Diphtheria	318	174	186	86	38	25	8	7	4	—
Measles	888	1403	154	2252	659	1317	1537	820	1979	1849
Acute Pneumonia	200	195	149	167	177	197	205	150	149	204
Meningococcal Infection	32	13	9	9	1	10	10	3	4	9
Acute Poliomyelitis:										
Paralytic	2	1	7	3	1	25	1	4	26	6
Non-Paralytic									29	2
Acute Encephalitis:										
Infective	1	—	—	—	—	—	—	—	—	2
Post-Infectious									5	—
Dysentery	60	36	60	49	46	2	9	4	45	41
Ophthalmia Neonatorum	2	1	4	3	4	6	—	—	—	10
Puerperal Pyrexia	19	15	5	15	8	3	7	1	1	6
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	8	7	6	7	3	2	4	1	—	1
Enteric or Typhoid Fever									1	—
Food Poisoning	—	—	—	—	—	—	—	—	19	112
Erysipelas	67	62	34	42	37	39	55	41	31	14
Chickenpox	6	—	8	—	—	7	10	1	15	5
Malaria	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	176	209	221	212	214	195	173	212	169	165
Non-Pulmonary Tuberculosis	82	68	59	37	30	41	40	49	41	21
Totals	2363	2657	1625	3333	1631	2277	3238	1749	3228	2866

TABLE XXVI.

The allocation of the several Infectious Diseases to the Sanitary Districts is shown in the following table:—

	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles.	Acute Pneumonia.	Meningococcal Infection.	Acute Poliomyelitis (Paralytic).	Acute Poliomyelitis (Non-paralytic).	Acute Encephalitis (Infective).	Acute Encephalitis (Post-Infectious).	Dysentery.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Paratyphoid Fever.	Enteric or Typhoid Fever.	Food Poisoning.	Erysipelas.	Chickenpox.	Malaria.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.
Western No. 1.																						
Abergele	17	75	—	48	10	—	3	1	1									1			15	2
Colwyn Bay	4	17	—	229	12		1				3	8	3				71				13	2
Aled	6	15	—	70	2													1			8	
Western No. 2.																						
Denbigh	6	22	—	11	17						1							1			15	2
Llanrwst	6	10	—	6	1						29										3	
Ruthin Borough	1	14	—	12	13						3							1			1	2
Hiraethog	10	35	—	202	3						2										2	
Ruthin Rural	9	16	—	140	13	—	1										16	—	2	—	11	1
Eastern No. 1.																						
Wrexham R.D.C.	40	114	—	478	71	5	—		1		2		2				19	6			64	5
Ceiriog	4	20	—	84	10							2						1	3		8	2
Llangollen	6	—	—	2	—																1	
Eastern No. 2.																						
Wrexham Borough	14	70	—	567	52	4	1	1	—	—	1	—	1	—	1	—	6	3	—	—	24	5
Totals	123	408	—	1849	204	9	6	2	2	—	41	10	6	—	1	—	112	14	5	—	165	21

TABLE XXVII.

The following table gives the number of deaths from infectious diseases notified during the year, also, for comparative purposes, the figures for the previous years.

	1945	1946	1947	1948	1949	1950	1951
Meningococcal Infection							1
Measles	4	—	—	2	—	2	1
Whooping Cough	1	5	2	2	1	2	4
Diphtheria	1	—	1	—	—	—	—
Cerebro-spinal Fever ...	4	5	1	2	3	1	1
Acute Polio-encephalitis	—	—	3	—	—	5	2
Acute Inf. Encephalitis	2	3	4	1	2	—	—
Tuberculosis, pulmonary	72	67	69	63	62	51	36
Tuberculosis, non-p'nary	14	12	15	8	11	8	5
Pneumonia	81	82	80	73	75	63	63

TUBERCULOSIS.

36 deaths from Pulmonary Tuberculosis were registered during the year, as compared with 51 in the previous year. 5 deaths from non-pulmonary causes were recorded, compared with 8 in 1950.

The death-rate per million of the population of the County was 240·6.

TABLE XXVIII. TUBERCULOSIS.

Number of Cases on the County Tuberculosis Register for the years 1940-51.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non-Pulm.	Total	Pulm.	Non-Pulm.	Total	County of Denbigh
1940	1089	494	1583	81	24	105	626.7
1941	1109	527	1636	92	20	112	617.0
1942	1189	578	1767	67	19	86	489.1
1943	1344	631	1975	63	18	81	478.6
1944	1478	672	2150	73	13	86	522.4
1945	1593	692	2285	72	14	86	529.6
1946	1568	645	2213	67	12	79	479.0
1947	1616	650	2266	69	15	84	505.0
1948	1591	595	2186	63	8	71	423.8
1949	1293	434	1727	62	11	73	433.2
1950	1371	450	1821	51	8	59	347.7
1951	1393	435	1828	36	5	41	240.6

TABLE XXIX. TUBERCULOSIS.

Active Cases on Registers according to Sanitary Areas on 31st December, 1951.

District.		No. of cases of Tuberculosis on Register at the commencement of the year.			No. of cases notified for the first time under the Regulations during the year.			No. of cases removed from the Register during the year.			No. of cases remaining on the Register at the end of the year.		
		Pulmon.		Non-Pulmon.	Pulmon.		Non-Pulmon.	Pulmon.		Non-Pulmon.	Pulmon.		Non-Pulmon.
Western No. 1.													
Abergele	Males	36	...	1	12	...	2	12	...	1	36	...	2
	Females	31	...	1	3	...	—	11	...	—	23	...	1
Colwyn Bay	Males	70	...	13	10	...	—	23	...	6	57	...	7
	Females	71	...	21	3	...	2	36	...	13	38	...	10
Aled	Males	14	...	5	4	...	—	1	...	1	17	...	4
	Females	16	...	1	4	...	—	1	...	—	19	...	1
Western No. 2.													
Denbigh	Males	49	...	15	8	...	2	1	...	—	56	...	17
	Females	50	...	19	7	...	—	—	...	—	57	...	19
Llanrwst	Males	28	...	7	1	...	—	15	...	6	14	...	1
	Females	15	...	8	2	...	—	8	...	3	9	...	5
Ruthin Borough	Males	8	...	4	1	...	—	1	...	—	8	...	4
	Females	11	...	5	—	...	2	1	...	1	10	...	6
Hiraethog	Males	27	...	16	1	...	—	—	...	—	28	...	16
	Females	26	...	10	1	...	—	—	...	—	27	...	10
Ruthin Rural	Males	44	...	9	6	...	1	1	...	1	49	...	9
	Females	66	...	20	5	...	—	2	...	1	69	...	19

Table XXIX. Tuberculosis. (continued).

District.	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases notified for the first time under the Regulations during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
Eastern No. 1.								
Wrexham R.D.C.Males	302	138	33	4	13	1	322	141
Females	257	96	31	1	9	—	279	97
Ceiriog .....Males	24	8	4	2	3	—	25	10
Females	14	2	4	—	—	—	18	2
Llangollen .....Males	15	2	1	—	—	1	16	1
Females	7	1	—	—	—	1	7	—
Eastern No. 2.								
Wrexham Bor. ..Males	114	24	14	3	6	—	122	27
Females	82	24	10	2	5	—	87	26
Totals	1377	450	165	21	149	36	1393	435

TABLE XXX. TUBERCULOSIS.

Age and Sex Distribution of Tuberculosis Notifications for 1951.

Age.	Respiratory			Non-Respiratory		
	M.	F.	T.	M.	F.	T.
0	1	—	1	—	—	—
1	5	1	6	1	—	1
5	1	1	2	1	1	2
10	4	1	5	8	1	9
15	3	11	14	—	1	1
20	7	10	17	2	—	2
25	25	22	47	1	1	2
35	12	9	21	1	1	2
45	16	8	24	1	1	2
55	10	1	11	—	—	—
65	7	3	10	—	—	—
75 *	1	—	1	—	—	—
Totals	92	67	159	15	6	21

SANITARY CIRCUMSTANCES.

Water Supply and Sewerage.

During 1951 it was not possible for me to devote a great deal of time to this aspect of my responsibilities but in the course of my duties I have seized every opportunity of obtaining, perhaps a superficial impression, of the sanitary conditions existing within the County. In addition, it has been possible for me to make inspections on request.

On the occasion of the introduction of a new main by the Conway Water Board to the Colwyn Bay Water Supply, I visited the source and catchment area. The supply is ob-

tained from Llyn Cowlyd, situated high on the mountains at the base of a natural rocky basin, where animals or humans trespass infrequently. As a result this water supply is naturally of a high chemical and bacteriological standard and needs chlorination merely as a safeguard. Samples taken at periodic intervals have invariably been of a high standard of purity—Ministry of Health, Class 1.

Birkenhead also obtains its water from within Denbighshire; the Alwen Reservoir being situated near Cerrigydrudion. This, too, being an upland water supply, is soft and pure. The water is chemically treated before commencing its long trek. Some Authorities near the mains are allowed to draw water.

The increased demands and extensions to water supplies has resulted in scarcity in some areas. Schemes in the offing are planned so as to link up the various supplies so that full use can be made of the ample supplies available in some areas.

In rural areas water is obtained from surface wells and several of these are liable to contamination and are not up to the standard of purity required for drinking water.

With improved water supply, the problem of sewage disposal becomes difficult. Some of the old sewage disposal plants are not only obsolete but also inadequate for the increased volume of sewage. In rural areas where housing development has occurred, sewage disposal is to a cesspool. When these contrivances are not properly used there is a danger that a nuisance will be created. The situation in the Kinmel Bay area is a serious one, particularly during the summer months when the population becomes inflated by about ten times by the influx of people to the camping sites. The problem of sewage disposal is extremely difficult, as there are no sewers. Effluents from inadequate sewage disposal plants run into surface ditches, which, owing to the flatness of the land, rapidly fill with slow running water containing a high quantity of organic matter.

The provision of a sewage system in this part of the County is an imperative need.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of water supply and sewerage were approved and the County Council have agreed to make a contribution by way of annual payments on loan charges towards the cost of the schemes:

Schemes of Water Supply.

Ruthin R.D.C.

Comprehensive scheme for Nantglyn, Gyffylliog, Llanynys and Aberwheeler £132,363 0 0

Wrexham R.D.C.

Tai Nant £7,200 0 0

Schemes of Sewerage and Sewage Disposal.

Aled R.D.C.

Llanfairtalhaiarn £6,608 2 7

Ruthin R.D.C.

Nantglyn £3,311 0 0

School Hygiene.

As the public has appreciated the need for improved hygiene, particularly in the preparation of food, more demands are made for improvements to school sanitation. This is particularly so in the older schools situated in rural parts. To assess the degree of priority of these requests I have arranged for every school in the County to be inspected by the County Sanitary Officer.

Laboratory Facilities.

The following Laboratories undertake a variety of examinations for the County Council:

The Pathological Laboratory, Maelor General Hospital;

Public Health Service Bacteriological Laboratory, Conway and Birkenhead;

The Pathological Laboratory, Chester Royal Infirmary.

Food and Drugs Act.

Analyses are also undertaken by Mr. F. A. Lowe, County Analyst, Chester.

PART VI.

FOOD CONTROL

MILK SUPPLY.

The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, has consolidated the various enactments dealing with milk. Responsibilities for production have been vested in the Ministry of Agriculture and Fisheries, while the Ministry of Health retains powers in the supervision of milk when being sold to the consumer.

The change in administrative responsibility deprived the Health Authorities of some of their functions relating to milk and it may be tempting to look to the past when confronting present problems. If one should succumb to retrospection then comparison, if such must be, should only be made between comparable situations and this is not possible for many reasons. Previously, the standards of supervision were not by any means uniform. and while some Authorities performed this work conscientiously and well, some were dilatory. The enactments that brought about the transfer of responsibilities also gave greater statutory powers which undoubtedly have given a big impetus to the campaign for better and more hygienic milk production.

To circumvent difficulties and to ensure collaboration, the County Medical Officer of Health is invited to serve, in a personal capacity, on the Milk Sub-Committee and this, in my opinion, has been of benefit. In my capacity as a Committee member I am in an excellent position to ensure close liaison and information available to me from both sources has had a deciding influence on policy formation.

In Denbighshire there are 3,100 registered dairy farms and the milk produced on nearly all of these is tested regularly, either by the Ministry of Agriculture and Fisheries or the Creameries. The designated producers are kept under strict supervision. When a producer fails to pass the requis-

ite tests, advice is given, but following two consecutive creamery failures, the Ministry of Agriculture Sampler/Tester carries out a farm test. Every encouragement is given to the farmer to improve his methods before statutory action is instituted. In Denbighshire, 33 per cent of all producers are designated producers and of the remaining 67 per cent, the majority sell their milk wholesale to the Creameries.

A small percentage are non-designated retailers and initially escaped supervision. Following discussions at the Health Committee, the attention of the Ministry of Agriculture and Fisheries was drawn to this deficiency, and the potential risks to health were emphasised. These were appreciated and arrangements were made for the group to be supervised by the N.A.A.S. Officers. By the end of 1951 all non-designated producer/retailers had been inspected; many had taken the advice to improve their equipment and methods, while a few surrendered their registration.

As an index of the work done it is interesting to know that the laboratories of the Ministry of Agriculture and Fisheries alone have treated about 18,000 samples from Denbighshire during the year—the majority being milk tests, but the figure includes swabs, rinses and water supply tests. In addition, as a member of the Sub-Committee, I have had an opportunity of noting the gradual improvements effected at the farms from reports and observation. As a Medical Officer of Health, I would prefer a more definite emphasis on quality rather than quantity of milk, less reduplication of functions and more co-ordination between the Health Authorities and the Ministry of Agriculture and Fisheries. In due course, the interdependence of the responsibilities and the common objectives of both parties will be appreciated and then the barriers insurmountable to all officials except the County Medical Officer of Health will diminish and disappear.

Tuberculous Milk.

The Food and Drugs Act, 1950, places the responsibility for the prevention of the sale of tuberculous milk on the County Council. Owing to the small number of guinea pigs available at the laboratory, biological sampling was restricted. All the 27 samples submitted were free from Tuberculosis and Brucella infections.

Whenever tuberculosis of the lymphatic glands was notified, the milk supply to the home was investigated, but biological sampling proved negative in each instance.

The Ministry of Agriculture and Fisheries Veterinary Service has effected improvements in the herd arrangements and the following table summarises some of the work done.

(a) Clinical Examination of Dairy Cattle.

	No. of herd inspections.	No. of cattle examined.	No. of cattle slaughtered under T.B. Order, 1938.
Tuberculin Tested and Certified Herds	621	22332	7
Accredited and Standard Herds	486	13339	5
Non designated Herds	811	8867	17

(b) Tuberculin Testing of Herds Licensed to Produce Tuberculin Tested and Certified Milk.

No. of Cattle Tested	23493
No. of Reactors	130

(c) Tuberculous Milk—Veterinary Investigations.

No. of Initial Reports from Medical Officers of Health	1
No. of Herds Involved	1
No. of Cases of Tuberculosis of the Udder found	—
No. of Investigations not yet completed	1

(d) Tuberculosis (Attested Herds) Schemes.

No. of Attested Herds	111
No. of Supervised Herds	344

Pasteurising Plants.

The eight licensed pasteurising plants in the County have maintained their standard of efficiency. 167 samples of pasteurised milk were sent to and examined by the Public Health Laboratories at Conway and all were satisfactory.

Bottles, washed and sterilised by the mechanical bottle washer, when bacteriologically examined at the laboratory, produced but a few bacterial colonies, which indicates the efficacy of the procedure. This can be nullified to some extent by the misuse of milk bottles by householders. A preliminary rinsing by the housewife lessens appreciably the work of the machine and ensures a longer and stronger action by the detergent and disinfectants used.

It is gratifying to report the excellent co-operation existing between the County Sanitary Officer and the management of the various pasteurising plants.

Milk in Schools.

All samples of pasteurised milk proved satisfactory. Tuberculin Tested milk submitted for biological examination showed no evidence of Tuberculosis or Brucella Abortus.

Denbighshire schools were supplied with the following grades of milk:

Pasteurised	182
Tuberculin Tested	11
Accredited	Nil
Non-designated	Nil

ADULTERATION OF FOOD AND DRUGS.

The County Council's duties in connection with sampling under the Food & Drugs Acts, 1938-50, are undertaken by the staff of the Weights and Measures Department.

During the year under review, 458 samples were analysed by the Public Analyst, the particulars being as follows:

Article.	No. obtained.	No. certified as adulterated or sub-standard.
Milk:		
Retail	288	55
Appeal-to-Cow	11	7
Lard	1	—
Bread	1	—
Cake Flour ...	3	—
Mineemeat	1	—
Ground Coffee .	2	—
Cocoa	1	—
Sausage	20	3
Marmalade ...	1	—
Honey	1	—
Sweets	8	—
Ge'atine	2	—
Tinned Vegetable	2	—
Mixed Pickles .	1	—
Pepper Flav'red Compounds	1	—
Mustard	2	—
Ice Cream ...	19	—
Brandy	1	—
Rum	1	—
Port Wine	2	—
Cocktail	1	—
Cod Liver Oil	1	—
Calomel Tabs. ..	1	—
Carb. of Magnesia	1	—
Aspirin Tabs. .	1	—
Condensed Milk	6	1
Totals	380	66

Article.	No. obtained.	No. certified as adulterated or sub-standard.
Cheese	1	—
Butter	12	—
Flour	2	—
Cakes	3	—
Shred'd Suet with Flour	1	—
Plum Pudding	1	—
Meat Paste .	3	—
Fish Pas e ...	1	—
Jam	14	—
Sugar	2	—
Saccharin Tablets	3	—
Table Jelly .	2	—
Custard Flour	2	—
Tinned Fish .	3	—
Peppers	2	—
Vinegar	2	—
Salad Cream .	2	—
Soft Drinks .	3	—
Gin	1	—
Whisky	4	—
Port type Wine	1	—
Beer	9	—
Hydrogen Peroxide	1	—
Tartaric Acid	1	—
Powdered Borax	1	—
Cream of Tartar	1	—
Totals	78	—

The average percentage of fat and solids-not-fat contained in the milk sampled during the year:

	Fat	Solids-not-fat
Eastern Division	3·40%	8·62%
Western Division	3·56%	8·69%
Whole County	3·47%	8·65%
The legal presumptive standard is	3·00%	8·50%

PART VII.

HOUSING

The various District Councils are the Housing Authorities and are primarily concerned with this serious problem, but the County Council, as the Health Authority, is also inextricably involved, for environment, whether at home or place of employment, influences the health of the community.

Housing Authorities have taken their responsibilities conscientiously and have succeeded in building an appreciable number of dwellings, but simultaneously many old houses are reaching an advanced stage of decay. In the industrial areas where, in the past, building has been unplanned and sporadic, housing conditions exist which are inimical to health; not only because of the disrepair of the houses, but also due to the unsatisfactory arrangement of the neighbourhood. Because of the long housing waiting list, the demolition of these sub-standard houses will have to be deferred, or otherwise the new houses would quickly become as overcrowded as the old.

A Joint County Housing Advisory Committee was established in 1944 and a comprehensive survey of existing houses was planned. The information gleaned from such a survey would assist all Authorities to determine the need and integrate their plans. As yet, it has not been possible to complete the survey, but the figures for the five Rural Districts and their classification are as follows:

No. of houses coming within the survey ...	24,816
No. of houses surveyed	13,877

Classification.

(i) Fit in all respects (ii) With minor defects	3.578
(iii) Requiring extensive repair or structural alteration	5,303
(iv) Appropriate for re-conditioning	2,191
(v) Unfit for habitation and beyond repair at reasonable expense	2,805

It will be seen from categories (iii), (iv) and (v) that 10,299 houses, or 41·5 per cent of the houses that come within the Survey, are in need of urgent attention.

The number of new houses built in the Rural Districts since 1945 is:

(a) By Rural District Councils	1,984
(b) By private persons	197
	2,160

These statistics give some indication of the enormity of the problem; a problem that has such heavy repercussions on the Health and Social Services. From the facts already available it is evident that far too many houses are being allowed to deteriorate more rapidly than necessary, due, probably, to inadequate maintenance, resulting from the high cost of repairs. If such a situation is perpetuated, the number of houses becoming unfit for human habitation will nullify the benefits of the building programme.

The migration of population from one district to another, particularly from rural to urban, constantly alters the requirements of the Housing Authorities. Many applicants are on the waiting lists of more than one Authority, causing inflation of the waiting lists and giving a false impresson of the demand. These reasons warrant close co-operation between the constituent Authorities, which can best be obtained through the Joint County Housing Advisory Committee.

PART VIII.

MISCELLANEOUS

CIVIL DEFENCE.

At the beginning of 1951 I attended a Home Office Civil Defence Course. During the week all aspects of Civil Defence were referred to but the main emphasis was on the role of the Medical Officer. The County Medical Officer of Health, by virtue of his appointment, is placed in charge of the Ambulance Section, but his responsibilities extend to practically every sphere of Civil Defence, as can be noted from perusal of the Memorandum on "The Duties of Local Authorities in relation to the Casualty Services and Public Health in Time of War," issued by the Ministry of Health.

Recruitment to the Ambulance Section was slow but in view of the particularly favoured position of the County in having a large pool of trained St. John's Ambulance Brigade, who are already manning the Ambulance Service in the County, this caused me no despondency. However, even such trained personnel must attend the course in Basic Training.

During the year, I submitted a plan for mobilisation of the Ambulance Section in the event of an emergency. The present Ambulance Service should prove a valuable nucleus and should be able to absorb reinforcements quickly and efficiently.

Several courses of Basic Training have been held and the assistance of the St. John Ambulance Brigade in the First Aid Training has been invaluable.

REGISTRATION OF NURSING HOMES.

(Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes.	Number of beds provided for		
		Maternity.	Others.	Total.
Homes first registered during the year	—	—	—	—
Total Homes on the register at the end of the year	9	8	70	78

These Homes were regularly inspected by the Superintendent Nursing Officer, who reports that the standard in each one is satisfactory.

STAFF MEDICAL EXAMINATION.

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council. This is a responsible task, fraught with difficulties. In addition, I have examined members of the staff who have been away sick for a long time. The welfard of the patient must receive first consideration and it is gratifying that the Committee concerned has invariably taken a sympathetic and understanding attitude to these difficult problems.

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